

# ADULT CLASS REGISTRATION FORM

PLEASE COMPLETE THE REGISTRATION FORM TO ATTEND CLASSES AT LAM.

MEMBER    NON MEMBER    YES - I WOULD LIKE TO BECOME A MEMBER AND RECEIVE DISCOUNTS

Membership Level select one    \$250 Craftsman    \$100 Family

\$85 Artisan (Dual)    \$50 Journeyman (Basic)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, I would like to join the Museum's mailing list.

CLASS(S) OR WORKSHOP(S)	Time/Date	Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## METHOD OF PAYMENT

Total amount to be paid today \$ \_\_\_\_\_

Check:   *Make checks payable to:  
LaGrange Art Museum*

Please note: NO REFUNDS will be given.


Card:   \_\_\_\_\_ American Express   \_\_\_\_\_ Visa   \_\_\_\_\_ Master Card

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Mail, email a copy: [art@lagrangeartmuseum.org](mailto:art@lagrangeartmuseum.org) or take this completed form along with  
payment to: LaGrange Art Museum, 112 Lafayette Parkway, LaGrange, GA 30240

 FOLLOW US [www.facebook.com/LaGrangeArtMuseum](http://www.facebook.com/LaGrangeArtMuseum)

[www.lagrangeartmuseum.org](http://www.lagrangeartmuseum.org)



# CHILDREN'S CLASS AND CAMP REGISTRATION

Please fill a registration form for each child

- MEMBER    NON MEMBER    YES - I WOULD LIKE TO BECOME A MEMBER AND RECEIVE DISCOUNTS  
Membership Level select one    \$100 Family    \$85 Artisan (Dual)

Name of Child \_\_\_\_\_

Age/Grade \_\_\_\_\_

Class(s) or Workshop(s) \_\_\_\_\_

Time/Date \_\_\_\_\_

Price of Class \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I WOULD LIKE MY CHILD TO ATTEND Camp LAM

- Toddler    Session 1    Session 2    Session 3    Session 4    Construction Boot Camp

Camp PRICE \_\_\_\_\_

Emergency Contact- Name | Number \_\_\_\_\_

Child(s) Physician- Name | Number \_\_\_\_\_

Please list any known allergies or medical conditions \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone2: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

My child's photographs may be used for LAM publicity    yes    no   \_\_\_\_\_  
(Parent's Signature)

## METHOD OF PAYMENT

**Check:**   *Make checks payable to:*  
LaGrange Art Museum

**Total amount to be paid today \$** \_\_\_\_\_

Please note: NO REFUNDS will be given.

**Card:**   \_\_\_\_\_ American Express   \_\_\_\_\_ Visa   \_\_\_\_\_ Master Card   \_\_\_\_\_  
Account # \_\_\_\_\_ Exp.Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

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