

# FALL 2009

# REGISTRATION FORM

WWW.LMAPA.ORG  
(717) 394-3497

LANCASTER MUSEUM OF ART  
135 N. LIME ST. LANCASTER, PA 17601

DATE \_\_\_\_\_

## PLEASE PRINT

Student's Name \_\_\_\_\_ Age / Gender \_\_\_\_\_

Parent's Name(s) (if child) \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

## CLASS/WORKSHOP TITLES

\_\_\_\_\_ Session \_\_\_\_\_ Fee \_\_\_\_\_

\_\_\_\_\_ Session \_\_\_\_\_ Fee \_\_\_\_\_

\_\_\_\_\_ Session \_\_\_\_\_ Fee \_\_\_\_\_

## NOT A MEMBER? JOIN NOW & RECEIVE A CLASS DISCOUNT!

Please Circle One: Membership Fee (if applicable) \_\_\_\_\_

(Member) (Non-member) Total Fee \_\_\_\_\_

Check # \_\_\_\_\_ (Made payable to Lancaster Museum of Art)

Charge: (Visa) \_\_\_\_\_ (MasterCard) \_\_\_\_\_ (Discover) \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

### **Form must be signed and complete for registration to be processed.**

I have read the LMA's registration guidelines and policies and release LMA from any liability, claims, judgments or demands resulting from any course of instruction or supervision at the Lancaster Museum of Art.

I hereby **agree / disagree** to allow Lancaster Museum of Art to use photographs of me and/or children for whom I am responsible, for promotional purposes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### **How did you hear about our art classes? Please circle one:**

I'm on the LMA Mailing list. (Are you a member? Yes / No)

Art Teacher                      Art Gallery                      Friend                      Library

Other: \_\_\_\_\_