

# REGISTRATION FORM

REGISTER ONLINE, OR BY MAIL, PHONE OR FAX.

Danforth Art Museum\School  
14 Vernon Street  
Framingham, MA 01701

Phone 508.620.0937  
Fax 508.820.0258  
Email school@danforthart.org

Name of Student

Name of Parent/Guardian (for all students under age 18)

Date of Birth (of Student)

Address

City/State

Zip

Home Phone

Work/Cell Phone

Email Address

Would you like to receive Danforth E-News?

Yes  No

If photos are taken during class, I give my permission for the Museum to use the images for publicity. Yes  No

Code Title \$

Code Title \$

Code Title \$

Code Title \$

Code Title \$

Code Title \$

Code Title \$

**Subtotal \$**

**Senior Discount** (10% off subtotal) ( \$ )

Donation to the 2016 Annual Appeal \$

**TOTAL \$**

## Payment Method

Cash  Personal Check  MasterCard  Visa  AMEX  Discover

Card #

Exp. Date

CRV #

Signature

For Internal Use ONLY

Registered by: \_\_\_\_\_

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