

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: _____