



2010 Summer Book Arts Studio Registration Form

Please use this form for the FAMILY sessions.

Guardian name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Alternate Ph: _____

Email: _____

Child's name: _____ Age: _____

Child's name: _____ Age: _____

Please indicate session:

Family Sessions June 14-17, 2010

___ Session 1: Family/morning 9:30am-12:00pm

___ Session 2: Family/afternoon 1:00pm-3:30pm

Family Session July 19-22, 2010

___ Session 7: Family/morning 9:30am-12:00pm

Enrollment Fees & Payment: \$90 tuition + \$25 materials fee, per participant = \$115

\$115 per participant x _____ no. of participants = \$ _____ total

___ Enclosed please find my check made out to *Museum of Printing History*

___ Please charge my VISA, MasterCard, Discover, or American Express

Signature _____

Credit Card # _____ Exp. Date _____

Please mail completed form and payment to:

Museum of Printing History, 1324 West Clay St., Houston, Texas 77019
Tel: (713) 522-4652 Fax: (713) 522-5694 www.printingmuseum.org