



2010 Summer Book Arts Studio Registration Form

Please use this form for the CHILD and ADULT sessions. One form per participant.

Participant name: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____ Email: _____

If the participant is a child, please fill out this section:

Guardian 1 Name: _____
Guardian 1 Phone: _____ Alt. Phone: _____
Guardian 2 Name: _____
Guardian 2 Phone: _____ Alt. Phone: _____

Please indicate session:

Adult Sessions June 21-24, 2010
___ Session 3: Adults/morning 9:30am-12:00pm
___ Session 4: Adults/afternoon 1:00pm-3:30pm

Children's Sessions July 12-15, 2010
___ Session 5: Children ages 5-9; 10:00am-12:00pm
___ Session 6: Children ages 10-14; 1:00pm-3:30pm

Adult Sessions July 19-22, 2010
___ Session 8: Adults/afternoon 1:00pm-3:30pm

Enrollment Fees & Payment:

___ \$125 Regular Rate (\$100 tuition + \$25 materials fee)

___ \$115 Discounted Rate (\$90 tuition + \$25 materials fee)

___ I am a Member of the Museum OR ___ I am enrolling multiple children

___ 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