WORCESTER ART MUSEUM

Studio Art Class Registration Form

Name			DOB
Check if WAM Member ☐			
Mailing Address			
City		State	Zip
Email			
Special Needs			
Allergies			
Home Phone	Cell Phone		
You must provide emergency contact information	Emergency Contact Name		
Emergency Contact Relation	Emergency Contact Phone		

Course Title & Age Range if Youth Class	**Date**	**Time**	**Fee**
			$
			$
			$
			$
			$
	Grand Total		$

Payment Information, can pay by check made out to: Worcester Art Museum

Name on Card	Expires
Credit Card #	Security Code

Please mail this form to:
Worcester Art Museum Studio Class Program
55 Salisbury Street, Worcester, MA 01609-3196

Phone: 508.793.4333

or register online
portal.worcesterart.org