# 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

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- Grand Total $\

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

- Name on Card
- Expires
- Credit Card #
- Security Code

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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