

Teen & Portfolio REGISTRATION FORM

Name _____

Address _____

Town _____ Zip _____

Home Phone _____ Cell _____

School _____

Email _____

Course Title(s) _____

Session(s) _____ Tuition _____

Teen Photography Class Fee _____ Add \$50 _____

Become a Member and Save!

Individual \$45; Family \$60 _____ Add Fee _____

TOTAL _____

The Danforth occasionally takes photos of classes for our website, catalog, or other materials. Please sign below to give your permission to the Danforth to use your child's photo for promotional purposes.

Signature _____

Circle payment method Check Visa Discover MasterCard American Express

Card number _____

Expiration _____ CRV# _____

Signature _____

REGISTER early!

Phone 508.620.0937

Fax 508.872.5542

Mail

Danforth Museum of Art
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Framingham, MA 01702