

# Class Registration: Adults

Fill out this form and mail to: Honolulu Museum of Art School, 1111 Victoria Street, Honolulu HI 96814.

Mail in registrations are processed at the end of the business day they are received starting April 11.

## Registration information

Registration will be accepted on a first-come, first-served basis. Classes are subject to cancellation due to low enrollment. **No refunds 3 days before class begins.** There is a **\$25 withdrawal fee per class.** A \$30 fee will be assessed for returned checks.

Are you registering yourself?  Y  N If yes, fill Part A only. If no, fill in Part A and B.

### Part A

Student's name \_\_\_\_\_

Mailing address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Class Code \_\_\_\_\_ Class Name \_\_\_\_\_

Class Code \_\_\_\_\_ Class Name \_\_\_\_\_

Class Code \_\_\_\_\_ Class Name \_\_\_\_\_

Would you like to purchase a \$80 parking pass?

Make / Model \_\_\_\_\_ Color \_\_\_\_\_ License plate \_\_\_\_\_

**Part B** Skip if you are the student registering.

Name \_\_\_\_\_

Mailing address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Payment Information** | Make checks payable to the Honolulu Museum of Art.

Total tuition \_\_\_\_\_  Check \_\_\_\_\_  Visa  MasterCard  American Express

Name on credit card \_\_\_\_\_ Expiration date \_\_\_\_\_

Credit card # \_\_\_\_\_ Billing zip \_\_\_\_\_ Security code \_\_\_\_\_

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