## Class Registration: Young Artists

**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 Dec 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.

Student's name				
Student's birthdate	Present school	Grade	Age	
List any allergies				
List any special needs				
Class code	Class name			
Are you the legal guardian of	the child? Y N If yes, fill Par	rt A only. If no, fill in Par	t A and B.	
Part A				
Parent's / legal guardian name	e			
Mailing address	City	State	Zip	
Email	Contact te	Contact telephone		
Emergency contact name (oth	her than a parent) Contact te	lephone		
Part B   Skip if you are the pa	rent / legal guardian of the child reg	istering.		
Name Relationship to child				
Mailing address	City	State	Zip	
Email	Contact te	Contact telephone		
Payment Information   Make	e checks payable to the Honolulu Mu	seum of Art.		
Are you a member of the Hon	olulu Museum of Art?	Members receive \$10 o	off any class!	
Total tuition	Check Visa M	asterCard 🗌 America	n Express	
Name on credit card		Expiration date		
Credit card #	Billing zip	Security co	de	

By participating in Honolulu Museum of Art School classes and events, participants give permission for free use of their name, voice, artwork and picture in any advertising or promotion of The Honolulu Museum of Art.