

Santa Cruz Museum Association
CLASS REGISTRATION FORM

HOUSEHOLD INFORMATION

Name: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Phone: (home) _____ (work/cell) _____
 Emergency Contact: _____
 Emergency Phone: _____

PAYEE INFORMATION

Name: _____
 Circle One: Check VISA MC
 Card #: _____ - _____ - _____ - _____
 Expiration Date (month/year): _____ / _____
 Print Name: _____
 Signature: _____

PARTICIPANT'S NAME	M / F	BIRTHDATE IF UNDER 18	CLASS TITLE	START DATE	COST

Become a SCMA member today and save money! See class schedule for member discounts.

Family ▪ Individual ▪ Senior/Student ▪ Donor Sponsor ▪ Patron
 \$35 \$25 \$15 \$50-\$249 \$250-\$499 \$500-up

Membership: _____

Total Amount Due: _____

Permission to participate in the above classes sponsored by the Santa Cruz Museum of Natural History and/or Santa Cruz Museum Association is given for myself and/or child as shown above. In consideration of participation in this program, I hereby indemnify and hold harmless and release the City of Santa Cruz, Santa Cruz Museum of Natural History, and the Santa Cruz Museum Association, its agents, officers, and employees, from any and all liability for injury suffered by myself or my child arising from or connected with this program, and I assume all risk for any injuries. I also recognize that there are no refunds for classes, unless the class is closed due to lack of enrollment or cancelled by the instructor

 Signature

 Date

Circle one: Participant (18 & over) Parent Guardian

PLEASE MAKE CHECKS PAYABLE TO: SCMA
Mail form and check to: SCMA Lectures, 1305 E. Cliff Dr., Santa Cruz, CA 95062
Mail or fax credit card orders to: 831.420.6451

Staff Use Only		
_____ Entered in Register	_____ Paperwork to SC	
_____ Confirmation Mailed	_____ Date Mailed	_____ Will Call