

Children's Museum of Oak Ridge
461 West Outer Drive
Oak Ridge, TN 37830
(865) 482-1074

Registration Form for Class/Workshop/Camp

Child's Name _____ Age _____ Date _____

Name of Class/Workshop _____

How did you find out about this class/workshop? _____

May we send announcements of upcoming classes and events to your e-mail account?

_____ Yes _____ I'd rather you didn't

Museum Member? Yes No Name on card _____

Parent/Guardian Name (print) _____

Address _____

Home Ph. # _____ Work. Ph. # _____

Cell # _____ E-mail: _____

Does your child have any food allergies? Please list _____

Total fee \$ _____ by check, # _____ Charge my (___ Visa / ___ MC)

Card # _____ Exp. Date _____

Signature _____

Do we have your permission to photograph your child while in camp and to release that photo with your child's name for publicity purposes only?

Signature _____ Date _____

The child's address and phone number will not be released to any party outside the Children's Museum.