



M A R I E T T A / C O B B M U S E U M O F A R T

REGISTRATION FORM

Please complete all information on this form for each class and mail to the Marietta/Cobb Museum of Art. You may photocopy this form or call the museum to request additional copies. Children under 18 must receive parental consent.

Student's Full Name: _____ Birthday: _____

Mailing Address: _____

(If Under 18) _____ Email: _____

Mother's Name: _____ Home #: _____ Cell #: _____

Father's Name: _____ Home #: _____ Cell #: _____

Classes Requested (Please Fill In Class Information): Member _____ Non-Member _____

Class Title: _____ Date: _____ Cost: _____

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PLEASE RETURN REGISTRATION FORM WITH APPROPRIATE FEE. REGISTRATIONS ARE INCOMPLETE UNTIL WE RECEIVE ALL PAPERWORK AND FEES. CLASSES ARE FILLED ON FIRST COME, FIRST SERVED BASIS...MCMA WILL NOT "HOLD SPOTS."

Payment Information:

Member of Marietta/Cobb Museum of Art? Yes _____ No _____

_____ Check number _____ is enclosed in the amount of _____ to cover the cost of _____ Sessions.

_____ MCMA is authorized to charge my Master Card or Visa (circle one) in the amount of _____ to cover the cost of _____ Sessions class. Card Number: _____

Exp. Date: _____ Authorized Signature: _____

Remit form and payment to: Marietta/Cobb Museum of Art
30 Atlanta Street
Marietta, GA 30060

Please note that refunds will only be given if a student notifies the museum five (5) days before the class session begins. This refund will be minus a \$25.00 processing fee.