

Class Registration Form

Mail or Fax to: Charles M. Schulz Museum,
2301 Hardies Lane, Santa Rosa, CA 95403
FAX: 707-579-4436 PHONE: 707-579-4452
www.SchulzMuseum.org

FOR OFFICE USE ONLY

Date: _____
Credit _____ Check _____ Cash: _____
Conf. Sent: _____ By _____
LOGGED: _____

Camp/Class Title(s): _____ Date(s): _____

Student's Name(s): _____ Date of Birth: _____

Student(s) Relationship to You: _____ Part of Same Household? _____

Parent/Guardian: _____ Phone Number: _____

Address: _____ Email Address: _____

City, State Zip: _____

Emergency Contact: _____ Phone Number: _____

For the child/children list any dietary restrictions, health conditions, or special needs that we should be aware of:

Payment Information

Museum Member: Yes No Member # _____

Purchase/renew a Museum membership and save 20% or more on every class you take!

Membership dues: \$45 for Individual \$75 for Family \$115 for Fan Level* Includes entry into 250 museums across the United States!

Class fees: \$ _____ Membership fees: \$ _____

Total amount due: \$ _____

Check #: _____ (payable to Charles M. Schulz Museum) Cash: _____

Credit card type: Visa M/C Discover American Express

Card No. _____ Exp. Date: _____ CVV Code: _____

Name on card: _____ Signature _____