

# 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: \_\_\_\_\_

How did you hear about this camp? School, mag/ppr, website, newsletter, WOM, email, return child, camp fair

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: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature \_\_\_\_\_

Please white out first 12 of CC# after processing.