

REGISTER BY MAIL

Toledo Museum of Art | Attn: Class Registration | P.O. Box 1013 | Toledo, OH 43697

Student Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

Email _____ Birth date _____

Parent name (if student is under 18) _____

Course Selection (please indicate a second choice in case your first choice is filled)

Course code _____ Title _____ Fee _____

Course code _____ Title _____ Fee _____

Course code _____ Title _____ Fee _____

Total fees _____ I am a Museum member, member #: _____

Become a TMA member to get class discounts and free parking!

Forms of Payment

Check | Make payable to: Toledo Museum of Art

Credit Card (registering online or by phone recommended)

MasterCard Visa Discover American Express

Card # _____ Exp. date _____

Cardholder's signature _____ Date _____

Once a registration form is received, you will be enrolled in the selected course(s) if space is available and confirmation will be emailed or mailed to you. Please note, classes may be full by the time mailed registrations are received. If this happens, you will be contacted by our office.

If applying for a scholarship, do not submit this form. Scholarship information, including the appropriate application, is available on our website at www.toledomuseum.org/learn/classes.