

2 0 0 9 **ART** classes

AT THE MUSEUM

PLEASE FILL OUT THIS FORM AND MAIL BACK WITH YOUR PAYMENT • ENJOY YOUR NEW ART CLASS!!!

Select the classes you want to attend

Class Name: _____

Class Name: _____

Student's Name: _____

Age (if under 18): _____

Parent's Name (if under 18): _____

Give us a little personal information

Mailing Address: _____

City, State, Zip: _____

Daytime telephone: _____

MAIL TO:

Education Department
Anchorage Museum of History and Art
121 W 7th Ave
Anchorage, AK 99501

Tell us how you would like to pay

By check payable to the Anchorage Museum Association

By charging my VISA MasterCard

Card # _____ Exp. Date _____

Print Name: _____

Signature: _____

Verification No.: _____
(located on signature strip)