

# THE ERIC CARLE MUSEUM OF PICTURE BOOK ART

## PROGRAM REGISTRATION FORM

Please complete a separate form for each participant. Fax completed form to (413) 658-1139 or mail to The Eric Carle Museum of Picture Book Art, Attn: Programs, 125 West Bay Road, Amherst, MA 01002. Please refer to The Carle's Registration and Refund Policies on our website ([www.carlemuseum.org/register](http://www.carlemuseum.org/register)). **The Carle does not accept purchase orders.**

### Participant Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

(Confirmations and reminders will be sent via email.)

Are you a Member?  Yes (level \_\_\_\_\_)  No

I am not a member but would like to join at the following level:

- Art Associate \$125     Family \$65     Individual \$45  
 Teacher \$35     Senior \$30     Student \$20

How did you learn about our programs?  
 \_\_\_\_\_

### Program Choices

Start Date	Program Name	Fee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Subtotal \$ _____
Membership Fee (If applicable; include a separate check)		\$ _____
<b>Total amount due</b>		<b>\$ _____</b>

### Payment Information

- Check payable to *The Eric Carle Museum of Picture Book Art*  
 Credit Card (*MasterCard, Visa, American Express, Discover*)

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

### Consent

I authorize The Eric Carle Museum of Picture Book Art to photograph, record or film me and my child (children) and any artwork that we may produce at The Carle and to utilize these images or recordings for promotional purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Youth Programs Only

Child's Date of Birth \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Person(s) authorized to pick up your child \_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Medical conditions, allergies \_\_\_\_\_

### Professional Development Programs Only

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_

Ages of Students \_\_\_\_\_

<b>Office Use Only</b>	<input type="checkbox"/> E	<input type="checkbox"/> WL	<input type="checkbox"/> C	_____
<input type="checkbox"/> Check (# _____)				
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover	
Card ending _____	Transaction # _____			
Date Processed _____	Date Confirmed _____			

**THE ERIC CARLE MUSEUM OF PICTURE BOOK ART**

125 West Bay Road, Amherst, MA • Tel (413) 658-1100

Fax (413) 658-1139 • [www.carlemuseum.org](http://www.carlemuseum.org)