



Charles H. MacNider Museum

Class Registration Form

Print this form, complete it, and sent it with your check or credit card information to:

Charles H. MacNider Museum
303 2nd St SE, Mason City, IA 50401
641-421-3666

Name

Name & Age of Participant

Address

City, State, Zip

Phone (Home)(Business)

E-Mail

Class _____	Dates _____	Fee \$ _____
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Class _____	Dates _____	Fee \$ _____
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Class _____	Dates _____	Fee \$ _____
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TOTAL Enclosed: \$ _____

(Checks payable to MacNider Art Museum)

Mastercard/Visa/Discover (please circle)

Account #

Exp. Date

Signature

*Please note: **REFUND REQUESTS** will be honored if the request occurs **ONE WEEK PRIOR** to the first meeting of the class.

Giving a Gift Certificate?

Name

Address

City, State, Zip

Phone (Home)(Business)