

RAM Class Registration

Use one form for each participant.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

E-mail _____

Parent/Guardian (if under 18) _____

By registering for this class, I give permission to RAM to use photographs, video and/or audio recordings of this class participation for the promotion of RAM, including but not limited to advertisements, video, print and website.

Class Registration

Please register me for the following classes:

Class _____ Dates: _____ Time _____ Fee _____

Class _____ Dates: _____ Time _____ Fee _____

Class _____ Dates: _____ Time _____ Fee _____

Class _____ Dates: _____ Time _____ Fee _____

Total Paid: \$ _____

Form of Payment: (circle one)

Cash Check # _____

Visa MasterCard

Card # _____

Exp. Date _____ Signature _____

Please mail payment and registration to:

Richmond Art Museum
P.O. Box 816
Richmond, IN 47375
765.966.0256

For information about Financial Aid, or to receive a Financial Aid Application, contact RAM or download the form at www.richmondartmuseum.org. Financial aid is awarded on a first come, first served basis. Financial Aid Applications must be received 2 weeks before your class begins. Only one application per household will be considered.