

REGISTRATION FORM

Todays Date _____

Name _____ Age _____

Name _____ Age _____

Parent/Guardian name _____

Phone (Day) _____ (Eve.) _____ (Cell) _____

Address _____ City _____ Zip _____

Program Name	Date	Time	Cost
Total			
Where did you hear about our programs?			

VISA/MC number _____ Expiration date _____

Are you a member of the Museum? _____ Do you want membership information? _____

Make checks payable to: **HSU Natural History Museum**

Mail or bring checks to: HSU Natural History Museum, 1315 G St., Arcata, CA 95521 *Phone: 826-4479*

entered _____ date pd. _____ init. _____ info sent _____ sch. applied _____	For Office Use Only
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