



## StudioSessions: The Art of Painting!

Monday, July 27 – Friday, August 7  
9:30 am – Noon

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Business Phone: \_\_\_\_\_

Email (*for confirmation purposes*): \_\_\_\_\_

School (*2009/10 school year*): \_\_\_\_\_

Grade (*2009/10 school year*): \_\_\_\_\_

I, \_\_\_\_\_, have read the information about the program and give my  
*(signature of parent/guardian)*

son/daughter \_\_\_\_\_ permission to participate in this class.  
*student name*

**Payment Information:** \$400 (family members) or \$450 (non-members)

**Promotion Code:** \_\_\_\_\_

I am enclosing a check. Please make checks payable to The Jewish Museum. Mail to:

**Greer Kudon**  
Senior Manager of School Programs and Outreach  
The Jewish Museum  
1109 Fifth Avenue  
New York, NY 10128

Credit Card Information:

Please charge my credit card:  Mastercard  VISA  American Express

Name as it appears on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please mail or fax (212.423.3232) in the registration form along with payment.**

Classes will be filled on first-come, first-served basis upon receipt of this completed registration form. The Jewish Museum reserves the right to cancel the class in the event that there are not enough students. This is a drop-off program.

**You will receive an email to confirm receipt of your application and to confirm participation.**