Drawing Wild - From the Collection - Registration Form 2019

NAME						
ADDRESS						
CITY/STATE/ZIP						
PHONE NUMBER	EMAIL					
I release and discharge the MNH, and its employees from and against any and all liability, including for any losses, damages or injuries, arising from participation in programming. I grant full permission for MNH to use photographs from programming, including those in which the registrant appears. BY AFFIXING MY SIGNATURE TO THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND CONSENT TO THE ABOVE REGISTRANT. Signature						
Dates you would like to reserve	Non members	Members		f possible	e, I would love to	draw a
Saturday, Sept 7, 10:30-2 (Includes Vault Tour)	\$25	\$20				
Saturday, Oct. 5, 10:30-2	\$25	\$20				
☐ Sunday, Nov. 3, 10:30-2	\$25	\$20				
Sunday, Dec. 1, 10:30-2	\$25	\$20				
TOTAL						
PAYMENT OPTIONS PLEASE CIRCLE ONE CASH CHECK VISA MASTERCARD DISCOVER						
CARD NUMBER	EXPIRATI	EXPIRATION DATE CV		SIGNATURE		

MAKE CHECKS PAYABLE TO: City of Providence/ Museum Fund

MAIL FORM TO: Museum of Natural History, Drawing Wild, Roger Williams Park, 1000 Elmwood Avenue, Providence, Rhode Island 02907

A confirmation email will be sent upon receipt of payment For more information please call 401-680-7221 or visit our website http://www.providenceri.gov/museum