



To register for a class, please print and mail completed form along with your check or credit card information to:

Triton Museum of Art
1505 Warburton Avenue
Santa Clara, CA 95050

For more information,
call (408) 247-9430

Workshop/Class Title: _____

Workshop/Class Date(s): _____

Student Information:

Name: _____

If student is a minor, please provide

Date of Birth (Month/year): _____ Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ E-mail: _____

Emergency Contact Information:

Name: _____ Telephone: _____

Payment Instructions:

Class Fee: \$ _____

Check Enclosed (please make payable to the Triton Museum of Art)

MasterCard Visa

Card No.: _____ Expiration Date: _____

Authorized Signature: _____