Date:		
First Name	Last Name	
Child's Name	Grade	
Telephone Number		
E-mail		
Are you a Museum Member at the family level or abo	ove?	
Does your child have any food allergies or medical condition	on we need to be aware of?	
☐ Yes, it is permissible to use my child's photo for publicit	y purposes.	
FAMILY ACTIVITY DAY: OCTOBER 8TH, 2	011	

Cost: \$8 for members at the family level or above and \$12 for non-members.

We accept cash, credit cards, and checks.

Make checks payable to: The University of Mississippi Museum.

Deliver registration form and payment to the front desk at the Museum: University Avenue and 5th St. or mail to: University of Mississippi Museum, attn: Sarah Story, P.O. Box 1848 University, MS 38677 You will recieve a confirmation email from Sarah Story, Curator of Education.