



2009–2010 Membership Form

Today's Date _____

PARTICIPANT INFORMATION:

Name: _____ Preferred name or nickname: _____
(Full Name)

Address: _____ City: _____ State: _____ Zip: _____

Birth date: _____ School: _____ Male: _____ Female: _____

IF PARTICIPANT IS ATTENDING WITH SOMEONE OTHER THAN A PARENT OR GUARDIAN:

Name of accompanying adult: _____ Phone: _____

CONTACT INFORMATION:

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Email: _____

In the event that we need to contact you during class, please indicate where you will be.

____ In the building. Please specify location: _____
(ArtQuest, galleries, gift shop, café, etc.)

____ Out of the building. Please provide a contact phone number _____

If neither parents nor person named above is available in case of an emergency, the Frist Center will exercise its judgment regarding medical treatment.

FOR OUR RECORDS:

1. Have you visited the Frist Center before? Yes. No.
2. Do you have a Frist Center membership? Yes. No.
3. Have you participated in one of our family programs before? Yes. No.

If yes, please indicate the program(s) _____

