



WILLIAM KING MUSEUM OF ART
EDUCATION REGISTRATION FORM

Adult Class Registration Form

Student Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact _____ Phone _____

I/We grant permission for a photo/image that includes this student to be used in promotional materials for William King Museum of Art.

Total Fee Paid \$ _____

Payment Options:

Cash Amount _____ Check No. _____

Visa MC Discover

Card # _____

Expiration Date _____ SEC Code _____

Name on Card _____

Signature _____

Mail form with payment to:

WKMA Education Department
P.O. Box 2256
Abingdon, VA 24212-2256

Fax: 276-628-3922

Phone: 276-628-5005

Full payment due upon registration – space
not confirmed until payment is received.

For use by WKMA staff only.

Class taken _____

Cost per class \$ _____