

Morning at the Museum
REGISTRATION FORM

Museum of Modern Art
Sunday, March 25, 2012

Student Name: _____

Parent Name: _____

Home Phone: _____ **Parent Cell Phone:** _____

Address: _____

Parent E-mail address: _____

Participant Name	Student	Adult

Total Student Tickets: _____ @ \$30 = \$ _____

Total Adult Tickets: _____ @ \$40 = \$ _____

Total Enclosed: \$ _____

Registration form and check should be mailed to:
New Milford Board of Education
145 Madison Avenue
New Milford, NJ 07646
Attn.: Theresa Fischer
After School Enrichment Academy Program Coordinator.
or
dropped off in Main Office at Berkley, Gibbs, or DEO Middle School