



CLASS/WORKSHOP REGISTRATION FORM – page 2

**Please support scholarships for art classes for children and teens.** Donations are fully tax-deductible. Please enclose a separate check, payable to the University of Oregon.

\$ \_\_\_\_\_

**Mail or fax form and payment to:**

Jordan Schnitzer Museum of Art  
1223 University of Oregon  
Eugene, OR 97403-1223  
Fax: (541) 346-0976

**Registration Policies**

- Class and workshop enrollment is taken on a first-come, first-served basis. Please register early, as each program has a maximum number of participants.
- Full payment must be received with registration. If you would like a confirmation of class enrollment, please include a stamped, self-addressed envelope.
- Classes with insufficient enrollment may be cancelled one week prior to the first meeting. Full refunds are given when the Museum cancels a workshop or class.
- Refunds of class fees, less \$25, will be made if you withdraw prior to the second class meeting.
- We cannot prorate class fees for students not attending all class meetings.
- For more information about classes and workshops, call (541) 346-6410.

So that we may best serve you, please describe any special needs of which we should be aware (i.e. hearing, visual, physical, or learning disabilities). \_\_\_\_\_

**Photo Release:**

I, the undersigned, grant the Jordan Schnitzer Museum of Art at the University of Oregon permission to use any pictures taken in public view of myself individually, or any in which I appear in whole or in part.

I understand that these pictures may be reproduced in print and electronic media specifically to promote the Jordan Schnitzer Museum of Art at the University of Oregon and any of its programs. I waive any right to inspect or approve said pictures, or any captions or accompanying texts that may be used in connection with them, or to approve the use to which said material may be applied.

Model's name \_\_\_\_\_  
(PLEASE PRINT)

Model's signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_  
(IF MODEL IS UNDER 18 YEARS OLD)



UNIVERSITY OF OREGON

# JORDAN SCHNITZER **MUSEUM OF ART**

**YES, I want to join the Jordan Schnitzer Museum of Art at the University of Oregon!**

\_\_\_\_\_  
Name (As you would like it to appear in printed material)

\_\_\_\_\_  
Additional name (For family level memberships and above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## **GIFT MEMBERSHIP**

Please send this membership as a gift to:

\_\_\_\_\_  
Recipient's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Gift Card Message

## **LEVEL**

Sun \$10,000

Rock \$250

Crane \$5,000

Deer \$100

Pine Tree \$2,500

Bamboo (family) \$55

Clouds \$1,000

Mushroom (individual) \$45

Water \$500

Turtle (student) \$10

Apply 10% senior discount

Apply \$20 educator discount

## **PAYMENT**

Check enclosed (made payable to the University of Oregon Foundation)

Charge my credit card:  Visa  MasterCard

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

My employer \_\_\_\_\_ will match my gift.

**Please complete and return to: Jordan Schnitzer Museum of Art, 1223 University of Oregon, Eugene OR 97403-1223.**

**THANK YOU FOR YOUR SUPPORT!**