



Tallahassee Museum

EVENT REGISTRATION FORM

Event program Name: _____ Event Date: _____

Troop/Group Number: _____ Grade Level: _____

Adult in Charge: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____ Send confirmation via email Yes No

Event Fees	Number of	Event Fee	Total	Payment Information
Girls		\$	\$	<input type="checkbox"/> check <input type="checkbox"/> credit card <input type="checkbox"/> other _____
Adult Females		\$	\$	Acct# _____
Adult Males		\$	\$	Exp. Date: _____
Fees must be submitted with form to prevent a delay in your registration			\$	Signature: _____

	Girl Attendee Name	Parent Name	Phone Number	Special Diet	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	Adult Attendee Name	Emergency Contact	Phone Number	Special Diet	Remarks
1					
2					
3					
4					

*Mail form and payment to Tallahassee Museum at 3945 Museum Dr, Tallahassee, FL 32310 or fax to 850-574-8243.