



REGISTRATION FORM

Artist for a Day at the Museum of Fine Arts, Boston
August 28, 2010 – 10:00-12:00 pm

Child's Name	Age	Parent's Name	Phone Number or E-mail Address

If someone else is escorting your child to this event, please list their name below.

Guardian's Name	Phone Number

Name of Parent Deployed	Deployment Location

Space is limited. Please e-mail this form to artfuladventures@mfa.org no later than Friday, August 13th.
You will receive an e-mail confirmation after we've received your registration.