



the new children's museum

community fundraising

SUMMARY REGISTRATION FORM

Please complete the form below and either mail it or drop it off at the Museum with all of your completed registration forms. We will combine your paper registrations with any online registrations and will send you a complete program summary along with a check for 50% of sales.*

SCHOOL INFORMATION

.....
SCHOOL NAME

.....
ADDRESS

.....
CITY

.....
STATE

.....
ZIP

.....
CONTACT NAME

.....
PHONE

.....
EMAIL

TOTAL PURCHASES

Family Memberships

Quantity..... X \$85

\$.....

Family Day Packages

Quantity..... X \$40

\$.....

Guest Passes

Quantity..... X \$10

\$.....

Total enclosed \$.....

50% of sales good for **new memberships, guest passes, and family day packages.*

Mail completed form to:
Membership Services
The New Children's Museum
200 West Island Avenue
San Diego, California 92101

QUESTIONS?

Call 619 233 8792 x126 or email
membership@thinkplaycreate.org