

# MARIN ART & GARDEN CENTER

ECO-FRIENDLY  
EDUCATION  
FOR MARIN  
GARDENERS

## REGISTRATION FORM

### MAGiC Family Gardening Program

*for kids 7 to 11 with parent or guardian*

Six 2-hour sessions from 10am-12pm on Saturdays beginning April 19 (no class May 24). Final class is May 31, 2008.

Cost is \$180 for an adult and one child; \$90 for each extra participant.

On-time registration is due by April 5; after this date, registration fees rise to \$190. Call to check on availability.

Cancellation: Fee will be refunded only if cancellation is made before April 5.

**Call 415-455-5260 or email [info@maagc.org](mailto:info@maagc.org) to obtain a registration form.**



#### CHILD INFORMATION

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address, if different \_\_\_\_\_

#### ADDITIONAL CHILD INFORMATION

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address, if different \_\_\_\_\_

#### ADULT INFORMATION

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing address, if different \_\_\_\_\_

#### ADDITIONAL ADULT INFORMATION

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing address, if different \_\_\_\_\_

**PAYMENT TOTAL** Adult and child **\$180** (\$190 after April 5). Add'l adults/children x \$90 = \$ \_\_\_\_\_ Total \_\_\_\_\_

**PAYMENT METHOD**  Check (made out to MAGC)  Cash  Visa/Mastercard

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**How did you hear about the program?** \_\_\_\_\_

**Return Registration Form and payment to Marin Art & Garden Center, P.O. Box 437, Ross, CA 94957;  
fax form to 415-454-0650; or call 415-455-5260.**