ADULT College for Kids
Registration Form

Name: _____________________________________________       Class: _______________ Glass Bead Making

Address: ____________________________________________   City: _____________________ State: ________

Email: __________________________________________________________________

Checks should be payable to MSUM College for Kids:

Check/Money Order____ VISA____ MasterCard____ Discover____

# __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Exp Date: __ __/___ Amount $____________

Signature of Card Holder: ________________________________ Card Holder Zip Code ___________

Release Form

• I hereby release Minnesota State University Moorhead, College for Kids, and its employees, from any liability arising out of or in any way connected with my participation in its programs activities and field trips.
• I give permission to Minnesota State University Moorhead, College for Kids, and its employees, in the event that I cannot be reached at the emergency telephone number above, to transport and admit me to a local hospital for the purpose of emergency medical treatment.
• I give permission to Minnesota State University Moorhead to photograph me for future College for Kids brochures and advertising

Signature: _____________________________________________ Date: ________________

Submit form with payment in one of the following ways: Questions: 218.477.2579

1. Via US Mail to: College for Kids – MSUM, c/o Joy Lindell, 1104 7th Ave S., Moorhead, MN, 56563

2. Via Fax: 218.477.2290