

Mississippi Agriculture and Forestry Museum

Folk Art Friday Adult Registration

Name: _____ D.O.B. ___/___/___

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Telephone: (H) (____) ____ - _____ (W) (____) ____ - _____ (C) (____) ____ - _____

Emergency contacts (Name and Phone #):

Do you give The Mississippi Agriculture and Forestry Museum permission to photograph you?

Y / N Please initial: _____

If so, do you authorize The Mississippi Agriculture and Forestry Museum to use those pictures

on social media? Y / N Please initial: _____

Please indicate which classes you are registering for.

____ 7/5/24: Natural Dyes ____ 7/12/24: Sewing Kit ____ 7/19/24: Recycled Paper

____ 7/26/24: Painted Floor Cloth

Method of Payment: Cash Credit Card Museum Member: Y / N

Museum Rep: _____ Date: _____