



California Association for the Education of Young Children



# CELEBRATE! PLAY! GROW!

Children's Creativity Museum  
June 13, 2017  
6:30pm-9:00pm

## REGISTRATION INFORMATION – FILL IN ALL FIELDS (please print)

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Local Affiliate \_\_\_\_\_ Email \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Special Needs:  Wheelchair Access  Vegetarian  Gluten-free  Other Special Needs \_\_\_\_\_

Share contact information (including emails) with sponsors (applies to all registrants):  Yes  No

## ADDITIONAL GUESTS (if applicable)

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Email \_\_\_\_\_

Special Needs:  Wheelchair Access  Vegetarian  Gluten-free  Other Special Needs \_\_\_\_\_

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Email \_\_\_\_\_

Special Needs:  Wheelchair Access  Vegetarian  Gluten-free  Other Special Needs \_\_\_\_\_

## PAYMENT INFORMATION – Registration Fee: \$43/person

Payment by credit card may be faxed with this form to CAEYC at (916) 486-7765. Payment by check must be mailed with this form.

Check # (Payable to CAEYC) \_\_\_\_\_

Total \$ \_\_\_\_\_

Card # \_\_\_\_\_ Security Code\* \_\_\_\_\_  VISA  MasterCard  Discover

Cardholder Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Billing Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Security code is the last three digits on back of card, found on signature line.

## REGISTER ONE OF THREE WAYS! Payment must be submitted with registration.

- Online at [www.caeYC.org](http://www.caeYC.org)
- Fax this form to (916) 486-7765
- Mail this form to CAEYC, Attn: Event Registration  
950 Glenn Drive, Suite 150 • Folsom, CA 95630

Questions? Contact CAEYC at  
(916) 486-7750 or [info@caeyc.org](mailto:info@caeyc.org).



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