



Reservation Form - Toddler Time

Please print this form and bring to the museum along with your \$20 deposit or mail to:
Cape Cod Children's Museum
577 Great Neck Road South, Mashpee, MA 02649

Child's Name _____

Child's Age _____ Museum Member # _____

Parent's Name _____

Address _____

Telephone _____ (home) _____ (work or cell)

Preferred Class Day & Time

1st Choice _____ 2nd Choice _____

For office use only:

PAID

Cash: _____

Check #: _____

Visa/MC:
