



Cowkids 101
June 15-16, 2007

Child's Last Name _____ First Name _____ Age _____

Parent/Guardian's Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

How did you hear about this event? _____

To make a reservation, please return this registration form and payment of \$225 (\$220 for museum members) to:

National Cowgirl Museum and Hall of Fame
1720 Gendy Street
Fort Worth, TX 76107
Fax 817-336-2470
Attn: Cowgirl University

Thank you for your support! Proceeds from Cowgirl University will benefit the Education Department at the National Cowgirl Museum and Hall of Fame.

Payment is enclosed:

_____ Check (Please make check payable to the National Cowgirl Museum and Hall of Fame)

_____ Credit Card, charge my: MasterCard Visa American Express Discover

Card Number _____

Expiration Date _____ Cardholder's Name _____

Signature _____

