Gift Memberships and Tickets

To complete your gift purchase, please fill out and print the following form and bring to the Front Desk Admissions, or email it to Karina at kmuro@childrensmuseumstockton.org. If a staff member does not reach out within 2-3 business days, please call us at 209-465-4386. Thank you!

Who are you?

Name: _____ Date: _____

Phone Number: (_____) _____ Email: _____

Address: _____ City: _____ Zip Code: _____

I would like to be added to the museum's mailing list. ☐ Yes ☐ No

What are you purchasing?

☐ **Entry Ticket** (single-day admission*) - **$10 each:** Quantity _____
*Paid admission is required for ages 1 and up. Children are not permitted entry without an adult.

☐ **Gift Membership** [Please select membership type]

☐ **CRIMSON** - **$80** - 2-Person general admission for 1 year (1 adult & 1 child)
I'd like to add a member for an additional $30. ☐ Yes ☐ No

☐ **SAPPHIRE** - **$140** - 4-person general admission for 1 year (1 adult, 1 child and 2 guests)
I'd like to add a member for an additional $30. ☐ Yes ☐ No

☐ **GOLDEN** - **$200** – 6-person general admission for 1 year (1 adult, 1 child and up to 4 guests)

Please note: A 3.5% processing fee will be applied to all card purchases.

Who are you buying this for?

_____
(This name will appear on the gift certificate)

Would you like us to mail your gift certificate? ☐ Yes ☐ No

Name of Recipient: _____

Mailing Address: _____

Phone number (optional): _____

Email (optional): _____

Office Use Only:

Total Amount Paid: _____ Method of Payment: _____ Transaction No: _____
Staff Initials: _____ Date Processed: _____

Attach a copy of the receipt to this form.