



**Hill-Stead's Summer Nature & Arts Adventure
Participant Registration**
(Please PRINT or TYPE all information)

Name _____ Date of Birth _____ Age _____ Grade _____

School Student Attends _____

School Address _____ Telephone No. _____

_____ E-mail _____

City/State/Zip Code

Home Address _____ Telephone No. _____

_____ E-mail _____

City/State/Zip Code

Names of Parents / Guardians #1 _____

#2 _____

Parent / Guardian #1

Parent / Guardian #2

(home) _____

(home) _____

(work) _____

(work) _____

Student will participate in:

Session #1, *Things with Wings*, from July 14 – July 18 _____

Session #2, *Wet and Wild*, from July 21 – July 25 _____

Session #3, *In the Forest*, from July 28 – August 1 _____

Student will be dropped off by _____ or _____ mornings between
8:45 am and 9:00 am.

Student will be picked up by _____ or _____ afternoons at 12:30
pm.

Make / Model of Vehicles that will be permitted to drop off or pick up student:

Vehicle #1 _____

Vehicle #2 _____

Participant's Name _____ Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Application Date _____

Please return this completed registration form and a check to:
Summer Nature & Arts Adventure
Hill-Stead Museum
35 Mountain Road, Farmington, CT 06032-2304