

**SUMMER NATURE & ARTS ADVENTURE
Participant Registration**

Participant Name _____

Age _____ Entering Grade _____

Parent/Guardian Name(s) _____

Home Address _____
Street/P.O. Box _____ City/State/Zip Code _____

Home Telephone _____ E-Mail _____

Are you a member of Hill-Stead? _____ Yes _____ No

Choose one or multiple weeks:

- Session 1:** Art & Nature, July 12 – 16, 2010
- Session 2:** From Portraits to Landscapes, July 19 – 23, 2010
- Session 3:** The Art of the Farm, July 26 – 30, 2010

_____ weeks at \$140.00 member price per child

_____ weeks at \$150.00 member to be price per child

Total Due: _____

Payment form: Check made out to *Hill-Stead Museum* Credit

For Credit Card:

Type of Credit Card: MC VISA Amex

Name on Credit Card _____ Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Zip code: _____

Signature of Card Holder _____ Date _____

Parent/Guardian Signature

Date

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