



Fairfield Museum
 EXPLORE *the past*, IMAGINE *the future*
 370 Beach Road, Fairfield, CT | 203-259-1598
 www.fairfieldhistory.org

Summer Camp Adventures 2018 Registration Form

Please copy this form for each additional camper. Camp Release Form and CT Health Assessment record are required for all campers and are available online at www.fairfieldhistory.org

Camper's Name: _____ Age: ____ Birthdate: _____ Grade Completed: _____

T-Shirt Size: __ Youth Small __ Youth Med. __ Youth Large __ Adult Small __ Adult Med. __ Adult Large

Parent / Guardian Name: _____ Phone (home): _____

Address: _____ Phone (cell): _____

City: _____ State: _____ Zip: _____ Phone (work): _____

Email address: _____

Emergency Contact (other than parent): _____ Phone: _____

Allergies or Medical Conditions: _____

Session	Title	Dates / Times	Ages	Fee	Amount
1	Busy Builders	June 25 - 29 9am - 12pm	5 - 7	\$175 / Member \$200 / Non-member	
2	Explore the World	June 25 -29 1pm - 3pm	9 - 12	\$175 / Member \$200 / Non- member	
3	Time Travelers	July 9 - 13 10am - 2pm	8 - 12	\$200 / Member \$225 / Non-member	
4	Graphic Arts: My Fascinating World	July 16 - 20 9am - 1pm	8 - 12	\$175 / Member \$200 / Non-member	
5	Super Spies	July 16 - 20 9am - 12pm	6 - 8	\$175 / Member \$200 / Non-member	
6	Super Spies	July 16 - 20 1pm - 4pm	8 - 12	\$175 / Member \$200 / Non-member *Discount for Session 4: \$100 / Member \$125 / Non-member	
7	Fantastical Creatures	July 23 - 27 10am - 2pm	7 - 10	\$200 / Member \$225 / Non-member	
8	History by Hand	July 30 - Aug. 3 10am - 2pm	7 - 11	\$200 / Member \$225 / Non-member	
9	More History by Hand	August 6 - 10 9am - 2pm	7 - 9	\$225 / Member \$250 / Non-member	
10	Ogden House Colonial Life Camp	August 13 - 17 9am - 2pm	8 - 12	\$225 / Member \$250 / Non-member	
11	Ogden House Colonial Life Camp	August 20 - 24 9am - 2pm	8 - 12	\$225 / Member \$250 / Non-member	
<i>Become an Individual Member (\$30 for your child) or a Family Member (\$75 for 2 adults and 2 children) today and pay the member rate!</i>					
Total:					

Method of Payment: check ___ visa ___ amex ___ mastercard ___

Credit Card #: _____

Exp. Date: _____ Sec. Code: _____ Cardholder Signature: _____

Please return by mail, fax or in person to:

Fairfield Museum, 370 Beach Road, Fairfield, CT 06824 Fax: 203-255-2716 Attn: Walter Matis