

JUNIOR CURATOR

July 21-25 (one-session only)

You might outgrow your prairie costume, but you'll never outgrow the Fort Collins Museum!

How would you like to go behind the scenes at the Fort Collins Museum, work with museum staff, meet new friends, have fun, and develop real-life work skills? If you answered yes, get ready to dig into the world of museums. Each day you'll explore a different museum specialty including education, collections, and exhibits. At the end of the week you'll apply your new knowledge to designing a museum project based on an artifact from the Museum's collection.

- **Registration begins Saturday, April 5, 2008 at 10 a.m.** Classes filled on first-come, first-served basis.
- **Age level: Completion of 7th, 8th, or 9th grade. No exceptions.**
- Tuition is \$80 per student, due at the time of registration. Please pay with **cash or a check** made payable to the Fort Collins Museum.
- Register at the Fort Collins Museum Tuesday – Saturday between 10 a.m. and 5 p.m. or Sunday between 12 p.m. and 5 p.m. or send completed registration forms and the tuition fee to: Fort Collins Museum 200 Mathews St., Ft. Collins, CO 80524. Registration forms are available at the Museum or on-line at www.fcgov.com/museum. No telephone registration please.
- Please submit a separate registration form for each child you wish to enroll.
- **Cancellation policy:** No refunds are issued for cancellations made 14 days or less prior to the beginning of your session. If a cancellation is made at least 14 days in advance of your first session, a \$5 administration fee will be administered.

Class is held Monday - Friday 9 a.m. to 12:30 p.m. July 21-25. Please join us for a closing reception and program on Friday, July 25 at 1:00 p.m.

REGISTRATION FORM AND PHOTO RELEASE

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Student's Name _____ **Grade Level Completed:** _____

Student's Email _____

Student's Address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

Mother's/Guardian's Name: _____ **Cell/Work Phone:** _____

Father's/Guardian's Name: _____ **Cell/Work Phone:** _____

Emergency Contact (other than parent or guardian): _____

Emergency Contact's Phone Number: _____

Allergies and/or medical conditions: _____

PHOTO RELEASE

To more effectively promote programs and activities sponsored by the City of Fort Collins, the Fort Collins Museum seeks the permission of Museum program and activity participants to photograph the participants and/or their children participating in Museum programs and activities. Please complete the following section:

I give my permission to be photographed/videotaped during participation in any Fort Collins Museum program or activity and for my photograph or video image to be used for the purpose of promoting Fort Collins Museum programs and events including, but not limited to, publication in brochures, newsletters, website, staff training, and grant projects. I understand that such photographs or videos remain the property of the City of Fort Collins.

Yes, I do give permission **No, I do not.**

Program Participant Name (please print): _____ **Date:** _____

Participant Signature: _____

Signature of Parent or Guardian: _____
(if Participant is under age 18)