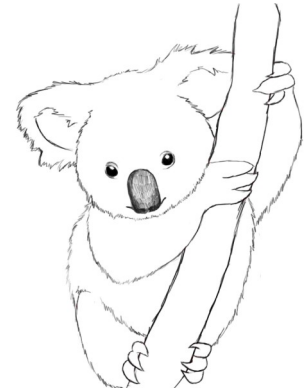


# Art Camps to Go

Kids ages 5 and over, here is the perfect boredom buster for an afternoon at home or an out-of-town trip. These kits are a great way to add art to your child's day. Each kit contains four themed "do at home" art projects with instructions. Once you register, you will receive further details on picking up your kit at New Hope City Hall. *Register by October 15.*

- 213600-K1 Clay Kit: Mosaic
- 213600-K2 Clay Kit: Coil Bowl
- 213600-K3 Clay Kit: Owl
- 213600-K4 Clay Kit: Oops à la Mode
- 213600-L1 How to Draw: Koala
- 213600-L2 How to Draw: Jelly Fish
- 213600-L3 How to Draw: Silly Birds
- 213600-L4 How to Draw: Aurora Borealis



**Pick Up:** New Hope City Hall, 4401 Xylon Ave N

**Fee:** \$47 Residents of New Hope, Crystal, Golden Valley and Robbinsdale  
\$54 Nonresident

**Register with:** New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55428  
763-531-5151

**Online Registration...**Go to [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)



Facebook.com/newhoperecreation

Refunds, program credits and transfers are allowed up to one week before the start of the program. In the event of an illness or injury, refunds may be given after the deadline. A doctor's written verification is required. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card.

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## Art Camps to Go (Fall 2020)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Email Address \_\_\_\_\_ Special Need \_\_\_\_\_  
Activity \_\_\_\_\_ Course \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

*I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the event to be used by the city in promotional materials.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Am Ex/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_