



# 2021 CAMP REGISTRATION

GENERAL INFORMATION

Parent/Guardian Name

Camper Grade (Fall)

Address

Town State Zip

Phone (Day) Email

CAMP INFORMATION

	CAMP NAME	DATE
1)	_____	_____
2)	_____	_____
3)	_____	_____

I have enclosed full payment, in the AMOUNT

Parent/Guardian Signature

Date

Please make checks payable to "Hildene" and mail to:  
Hildene, Education Program | C/O Diane Newton  
2936 W. Windham Road, Windham, VT 05359  
802-874-4787 | [www.hildene.org](http://www.hildene.org)