

**Hiller Aviation Museum
Take Flight Registration Form
2010-2011**

Use a separate registration form for each child. Payment must accompany form. Space is limited and all registrations are subject to confirmation.

Student Information

Child's Name: _____

Grade: _____ Member #: _____

Street: _____

City, State, ZIP: _____

Email Address: _____

Sessions Requested

Program prices are:
\$40 per session (\$35 Members).

Cancellations made at least one week prior to the program are subject to a \$10 processing fee. No refund for cancellations made less than one week prior to program.

Program Date	Time	Topic	Price
Saturday 10/2	1:30—4:30	Helicopter Aviator	
Saturday 11/6	1:30—4:30	Wright Flight	
Thursday 11/11	12:00—3:00	Astronaut Adventure	
Friday 11/26	1:30—4:30	Airplane Experience	
Total			

Emergency Contact Information

Include all adults authorized to pick up child. Programs end at 4:30 PM unless otherwise noted. Please sign your child out on time.

Parent/Guardian #1: _____

Day Phone: _____

Cell Phone: _____

Parent/Guardian #2: _____

Day Phone: _____

Cell Phone: _____

Does your child have any allergies, special health concerns, or need special accommodation to participate in the program? If so please explain.

Payment Information

_____ Check/Money Order payable to Hiller Aviation Museum enclosed

_____ Master Card _____ Visa
_____ American Express

Card Number: _____

Expiration Date: _____

Name on Card: _____

_____ I would like to become a Museum member. Included is separate \$75 check for a family membership. Higher membership levels are available. For more information, visit www.hiller.org/membershp.shtml

To Register

By Mail: Hiller Aviation Museum
Education Department
601 Skyway Rd.
San Carlos, CA 94070

By Fax: (650) 654-0220
(credit card payment only)

In Person: Drop off at the Museum Gift Shop, open 10 AM to 5 PM.