



Roaring Brook Nature Center

HOBGOBLIN FAIR

REGISTRATION FORM

___ I am registering for the **AM session** (10:00 am to Noon)

___ I am registering for the **PM session** (1:00 pm to 3:00 pm)

Cost: \$8 per child, \$4 per adult

Child's Name: _____ Age: _____ \$ _____

Child's Name: _____ Age: _____ \$ _____

Child's Name: _____ Age: _____ \$ _____

Child's Name: _____ Age: _____ \$ _____

Number of Adults _____ \$ _____

TOTAL: \$ _____

Parent's Name: _____

Address: _____

Email: _____

Day phone #: _____ Evening phone#: _____

Where did you hear about the Hobgoblin Fair? _____

Make check payable to **RBNC Auxiliary** and mail to:

Roaring Brook Nature Center
70 Gracey Road, Canton, CT 06019