

DACOTAH PRAIRIE MUSEUM

2017 Granary Art Camp



Granary Rural Cultural Center

Physical Address: 40161 128th St. Groton, SD

9:00 am–1:00 pm • For Children Ages 8-13

Take a field trip out of the city to become an artist for the day. Instruction by Artist Lora Schaunaman in a prairie setting to inspire creativity and fun!

~NOTES~

- * Bring your own SACK LUNCH.
- * Optional bus transportation to the Granary is provided by the Museum at no additional charge.
~ Bus departs from DPM at 8:30am & returns: 1:30pm. Please tell us in advance if your child will be on the bus.
- * A complete program packet will be sent to parents.
- * For more info call Patricia @ 626-7117 or visit www.granaryfinearts.org.

Date(s) Attending (✓ Check boxes)	Riding Bus? (Circle Yes or No)	Daily Fee
SESSION I		
<input type="checkbox"/> June 5 -- "Adventures with Animals & Insects"	BUS: Yes ___ No ___	\$15.00 --- \$ <u>FULL</u>
<input type="checkbox"/> June 6 -- "Adventures with Buildings"	BUS: Yes ___ No ___	\$15.00 -- \$ <u>FULL</u>
<input type="checkbox"/> June 7 -- "Adventure with Nature"	BUS: Yes ___ No ___	\$15.00 -- \$ <u>FULL</u>
<input type="checkbox"/> June 8 - "Adventures with Famous Artists"	BUS: Yes ___ No ___	\$15.00 \$ _____
SESSION II		
<input type="checkbox"/> June 19 - "Experience Art of Other Times"	BUS: Yes ___ No ___	\$15.00 \$ _____
<input type="checkbox"/> June 20 - "Experience Art of Other Lands"	BUS: Yes ___ No ___	\$15.00 \$ _____
<input type="checkbox"/> June 21 -- "Experience Art with New Materials"	BUS: Yes ___ No ___	\$15.00- \$ <u>FULL</u>
<input type="checkbox"/> June 22 - "Experience Art of the Masters"	BUS: Yes ___ No ___	\$15.00 \$ _____
TOTAL DUE (at time of registration)		\$ _____
*Museum members may deduct 10% from total. * Make checks payable to DPM.		

Art Camp Registration Form

Return to: *Dacotah Prairie Museum, 21 S. Main St., Aberdeen SD 57401*

Reservations on first come, first serve basis. Maximum Enrollment: 15 per day.



Child's Name: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____ City/ST/ZIP _____

Primary Phone _____ Email: _____

Emergency Contact Name & Number: _____

Allergies/Special Health Concerns (Use Back if Needed): _____