

**Jamestown Settlement, Arlington National Cemetery,
and Old Town Alexandria, VA**

Friday – Sunday, September 23 – 25

Advance registration required:

\$375 (double), \$340 (triple), \$320 (quad), or \$500 (single).

Adults and children ages 12 and above. Participants under age 18 must be accompanied by an adult.

Registration: Keep in mind that trips can fill up quickly. We suggest you call to confirm availability before submitting registration fee.

Registrations are processed in the order payment is received. Please register before August 1, 2015.

Weather: Changes due to inclement weather will be communicated to registered participants prior to the trip.

Cancellations: The CSMNH/CAC and FOSA reserve the right to cancel this trip due to insufficient enrollment. If the trip is canceled, you will receive a refund.

Refund Policy: The CSMNH/CAC and FOSA will refund a payment up to 30 days prior to the program or you may find a friend to attend in your place.

Liability: Registration or participation in a CSMNH/CAC and/or FOSA program automatically releases the Friends of the Office of State Archaeology (FOSA), the Connecticut State Museum of Natural History and Connecticut Archaeology Center (CSMNH/CAC), and the University of Connecticut from any responsibility for injury or death, or loss or damage of personal property sustained in connection with the program.

Photography: Individuals participating in a program may be pictured in future CSMNH/CAC and FOSA publications.

Presented by the Friends of the Office of State Archaeology (FOSA) and the Connecticut State Museum of Natural History and Connecticut Archaeology Center at UConn

Primary Contact Information

Name: _____ Phone # _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Participants:

Name: _____ Fee: \$ _____

Age if under 18: _____

Affiliation (please circle if applicable): CSMNH/CAC – FOSA - ASC

Name: _____ Fee: \$ _____

Age if under 18: _____

Affiliation (please circle if applicable): CSMNH/CAC – FOSA - ASC

Name: _____ Fee: \$ _____

Age if under 18: _____

Affiliation (please circle if applicable): CSMNH/CAC – FOSA - ASC

Name: _____ Fee: \$ _____

Age if under 18: _____

Affiliation (please circle if applicable): CSMNH/CAC – FOSA - ASC

Total Fee: \$ _____

Emergency Contact

Name: _____ Phone #1 _____

Phone #2 _____ Email: _____

Payment: Please make registration check payable to **FOSA**

Please mail this completed registration form and payment to:

CSMNH, UConn, Unit 1023

Storrs, CT 06269-1023

Attn: Jamestown

www.mnh.uconn.edu - www.fosa-ct.org