Hart Community Center
354 Smith Street
PO BOX 511
Harrisburg, OR 97446
admin@hartcommunitycenter.org

HART COMMUNITY CENTER SUMMER CAMPS



Hart Community Center
354 Smith Street
PO BOX 511
Harrisburg, OR 97446
admin@hartcommunitycenter.org

BEAD BUDDIES and ROCK PAINTING





Date: Mon. June 24th - Thurs. June 27th

Time: 9am - 11:30am

Where: HART Community Center

Age: 6 yrs & up \$20

Get ready for a summer class packed with creativity! Join us for bead buddy making and rock painting fun. Craft colorful bead buddies, then let your imagination soar as you transform rocks into mini masterpieces.

Instructor: Danna Griffith

COOKING 101



Date: Mon. Aug 12th - Thurs. Aug 15th

Time: 9am - 11:30am

Where: HART Community Center

Age: 12 yrs & up \$25

Embark on a culinary journey! Perfect for beginners, learn essential kitchen skills, basic techniques, and delicious recipes to impress your friends and family. Get ready to spice up your summer with a dash of fun and a pinch of

flavor in every dish!

Instructor: Cheryl Ressler

SEWING 101 session 1



Date: Mon. July 15th - Thurs. July 18th

Time: 9am - 11:30am

Where: HART Community Center

Age: 9 yrs & up \$20

SEWING 101 session 2



Date: Mon. Aug 5th - Thurs. Aug 8th

Time: 9am - 11:30am

Where: HART Community Center

Age: 9 yrs & up \$20

Join our Sewing 101 summer camp for two exciting sessions tailored for beginners! In each session, campers will explore the fundamentals of machine sewing while creating unique projects. From session one's essentials to session two's creative twists, get ready for double the fun and double the learning in our sewing adventure!

Instructor: Danna Griffith

Registration Form

Please Send this form along with payment to: HART Community Center, PO BOX 511, Harrisburg, OR 97446 or for more information please email us at: admin@hartcommunitycenter.org

50% Scholarships are available for families who qualify for Oregon Health Plan

Participant's Name & Age:
Parent or Guardian information:
Name:
Phone:
email:
Address:
Yes, I give my permission for my child to be
photographed/video for publicity
No, I do NOT want my child photographed
Emergency Contact Name:
Emergency Contact Phone:
Child's Allergies:

Parent/Guardian Signature

Date