

First Thursday Adventures!

Join Antrim Recreation on November 3rd, 2022
for a jaunt to the Fitchburg Art Museum (FAM) on the Community Bus.
FAM is one of central New England's best-kept secrets! This little gem
is easy to navigate, with wonderfully curated, thought-provoking exhibits.

Highlights:

*The FAM's amazing interactive exhibit brings Ancient Egypt to life
with murals painted on site by Joseph Lyndon Smith.*

*Moving Objects displays the museum's rare collection of African and Oceanic
masks, shields, and other ritual objects from these two continents.*

*Cicely Carew: Quantum Sanctuary explores the joy of freely inhabiting
our world with abstract sculptures and digital imagery.*

*Gabriel Sosa: No Vehicles in the Park. With abstract line drawings,
artist and linguist Sosa exposes the ambiguities of legal language.*

*We will leave at 10:30 from the Town Hall Parking Lot, and stop for lunch at
Parkers' Maple Barn in Mason, NH. You are also welcome to bring your own
lunch. We should be back at the town hall by 5:00 PM.*

Register early! Bus seating is limited!

Cost: \$10 per person

Program fee covers cost of bus ride only.

*Food and beverages, and any additional expenses are the responsibility of the
individual and are not covered by the program fee. Museum Admission is Free.*



-----Please return to Antrim Rec office with payment-----

FAM Bus Trip

Nov 2022

Participants Name: _____ Primary Phone: _____

Alt Phone: _____ Email Address: _____

Mailing Address: _____

Participation Consent: I, the undersigned, understand that the program I am registering for requires me to be in adequate physical conditions, attentive, and properly attired. All activities are potentially dangerous and may result in personal injury. I am hereby acknowledging that I am registering myself and accept the risks inherent in the activity. Additionally, I understand that any injuries or illness sustained by myself will be my responsibility to pay for and that there is no medical insurance granted to me when I register for this program. I understand and give permission for agents of this program to seek appropriate medical care and transport in the case of injury or sudden illness.

Signature: _____ Date: _____