Museum Admission Reimbursement Program

Strafford Library Association (SLA) is the proud sponsor of Hill Library’s Museum Program. The Program provides an opportunity for Strafford residents to experience great New England museums at little or no cost. Visit the Museum Program page on our website (Hilllibrary.org) to see a list of amazing New England Museums.

Through this Program, the SLA will reimburse admission charges to any museum in New England at a rate of $35 per family (not to exceed the admission fees), with one reimbursement per family per year.

To qualify, you must be a current library card holder with no overdue items or unpaid fines on your card. To receive reimbursement, qualifying patrons must submit a request form (on back) with receipt from your visit showing the full cost, the number of attendees, and the date. Please bring your completed form with receipt to the library, who will forward it to the SLA.

REMEMBER! To receive reimbursement, you must include:

- Name and address of the person to receive the check
- Library card number
- The name and location of the museum
- The date of your visit and number in your group
- A receipt for admission to the museum. *We do not accept admission tickets or membership fees; ONLY receipts that indicate they are for admission!*
Museum Admission Reimbursement Form

Name: ____________________________________________________________________________

Patron Card #: _______________________________________________________________________

Home Address: _______________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(The check will be made out to this person and sent to this address.)

Phone #: ____________________________________________________________________________

Museum Name: _______________________________________________________________________

Location: __________________________________________________________________________

Date of Visit: __________________________ Number in your group: __________________________

Remember to attach your admission receipt!

For SLA Use Only: Check #: __________________________ Date of Check: ______________________