

**Holland Land Office  
Museum  
History Heroes Summer  
Program  
“Fun in the 1920s”**

**Remit to Holland Land Office Museum  
Attn: History Heroes**  
131 West Main Street Batavia, NY 14020  
585-343-4727  
www.hollandlandoffice.com  
hollandlandoffice@gmail.com

**2021 HISTORY HEROES SUMMER PROGRAM  
REGISTRATION FORM**

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Entering: \_\_\_\_\_ Grade

Sibling (additional fees apply): \_\_\_\_\_ Age: \_\_\_\_\_ Entering: \_\_\_\_\_ Grade

Parent/Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>HLOM Member</b>	<b>Non-Member</b>	<b>Date</b>	<b>Off Site Activity*</b>
_____ \$8.00	_____ \$10.00	Saturday, July 24 <sup>th</sup>	Local Walking Tour
_____ \$8.00	_____ \$10.00	Saturday, August 14 <sup>th</sup>	Local Walking Tour
_____ \$8.00	_____ \$10.00	Saturday, August 21 <sup>st</sup>	Local Walking Tour
_____ \$8.00	_____ \$10.00	Saturday, August 28 <sup>th</sup>	Local Walking Tour
_____ \$15.00	_____ \$20.00	Saturday, September 4th	Arcade & Attica Railroad

\*Activities will take place at the museum as well as off site.

\*\*Schedule is subject to change\*\*

Total Amount \$ \_\_\_\_\_

\_\_\_\_\_ Check          \_\_\_\_\_ Charge    Card # \_\_\_\_\_

\_\_\_\_\_ Cash          Exp. Date: \_\_\_\_\_          CV: \_\_\_\_\_

Children will be required to wear masks while inside the museum. If there is any medical reason why your child cannot wear one please indicate on the following sheet.

Lunches will be provided. If you do not wish to partake, packed lunches from home may be brought.

**Please complete this form and return to the address listed above. Thank you!**

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Confidential information below is private and will remain on file at the Holland Land Office Museum. If enrolling more than one child, please make additional copies of this form.

Child's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Emergency Contact 1**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contact 2**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Permission to use child's photo image for Holland Land Office Museum Publicity.**

\_\_\_\_\_ **Yes, I grant permission**

\_\_\_\_\_ **No, I do not grant permission**

Is there any other information you could share to help us better understand your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and return to the address listed above. Thank you!**