

Holland Land Office Museum

Remit to Holland Land Office Museum

**History Heroes Summer
Program**

131 West Main Street Batavia, NY 14020

585-343-4727

“I Survived the Civil War”

www.hollandlandoffice.com

hollandlandoffice@gmail.com

**2023 HISTORY HEROES SUMMER PROGRAM
REGISTRATION FORM**

Child: _____ Age: _____ Entering: _____ Grade

Sibling (1/2 price attendance): _____ Age: _____ Entering: _____ Grade

Parent/Caregiver: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

HLOM Member	Non-Member	Date	Activities
_____ \$30.00	_____ \$40.00	Tuesday, July 25 th	I Survived as a Soldier in the Civil War
_____ \$30.00	_____ \$40.00	Wednesday, July 26 th	I Survived as a Woman in the Civil War
_____ \$30.00	_____ \$40.00	Thursday, July 27 th	I Survived as a Child in the Civil War
_____ \$30.00	_____ \$40.00	Friday, July 28 th	I Survived as the President in the Civil War
_____ \$30.00	_____ \$40.00	Saturday, July 29 th	Celebration, Parent’s Day

****All camp days from 10 am-3 pm****

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

Total Amount \$ _____

_____ Check _____ Charge Card # _____

_____ Cash Exp. Date: _____ CV: _____

Number of T-Shirts _____

Sizes: Small _____ Medium _____ Large _____ X-Large _____

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!