



**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

**2018 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: _____

HLOM Member	Non-Member	Date	Description
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 17th	Welcome to the Holland Land Office
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 18th	Walking Tour of Batavia
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 19th	Art Project / Movie Day
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 20th	Animal Show / Historical Cooking
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 24th	Guest Speaker / Carnival Booths
<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$40.00	July 25th	Field Trip to Buffalo Naval Park
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 26th	Penny Carnival (Bring a friend!)
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 27th	End of Program Celebration!

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

Total Amount \$ _____

Check (Please make checks payable to the Holland Purchase Historical Society)

Charge Card #: _____ Exp. Date: _____

CHILDREN'S T-SHIRTS: Youth Small Youth Medium Youth Large

Quantity: _____ Adult Small Adult Medium Adult 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 anything 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!