



**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

**2019 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>Description</b>
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 16th	Welcome to the Holland Land Office
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 17th	Guest Speaker/ Colonial Period
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 18th	Movie Day/
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 19th	Animal Show / Historical Cooking
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 23rd	Art Project/ Civil War
<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$40.00	July 24th	Field Trip to Old Fort Niagara
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 25th	Penny Carnival (Bring a friend!)
<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00	July 26th	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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## 2019 HISTORY HEROES SUMMER PROGRAM

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: \_\_\_\_\_

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