



2017 Summer History Camp Registration Form

Child's Name _____ Age _____

Birthdate ____ / ____ / ____ Grade in September 2017 _____

Address _____ City _____

State _____ Zip _____ Phone Number (____) _____

Parent's Name(s) _____

Mother's Phone (____) _____ E-mail _____

Father's Day Phone (____) _____ E-mail _____

Select a Week (9:00 a.m. - 1:00 p.m.) *Denotes Grades Completed

___ Week 1	June 26-June 30	Military	Grades 4-6*
___ Week 2	July 3, July 5- July 7	Military	Grades 6-8* (\$200.00)
___ Week 3	July 10- July 14,	Military	Grades K-3*
___ Week 4	July 17- July 21,	Military	Grades 4-6*
___ Week 5	July 24- July 28,	Military	Grades K-3*
___ Week 6	July 31- Aug. 4	Military	Grades 4-6*
___ Week 7	Aug 7- Aug. 11,	Military	Grades K-3*

“Extended Day Option” (1:00 p.m. – 4:00 p.m.) *Denotes Grades Completed

*This option offers a camper a full day (9 a.m. - 4 p.m.) during their week, for an additional charge of \$120, but is subject to an enrollment of at least 10 campers for each week this is being offered.

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___ Week 7	Aug 7- Aug. 11,	Military	Grades K-3*

Weeks selected _____

- x \$250 = _____ Non-members
- x \$225 = _____ Friends members
- x \$120 = _____ Extended Day Option
- x \$200 = _____ Week 2, 4-Day Session
- TOTAL = _____ **This already includes \$25.00 NON-REFUNDABLE processing fee.**

Credit Card: MC / V / Amex / Disc _____ Exp _____ CVV# _____

Circle one

**Checks to be made payable to “BBPA” & mailed to:
Brandywine Battlefield SHC ~ P.O. Box 202 ~ Chadds Ford, PA ~ 19317**

**Please note check MUST BE INCLUDED with registration form.*

Emergency Information & Consent

I hereby authorize SHC staff (Brandywine Battlefield) to execute emergency or other medical treatment for my child, _____, that may be deemed necessary by attending medical personnel while he/she is attending the Summer History Camp.

Parent/Guardian signature _____ Date _____

Parent home # (_____) _____ Parent business # (_____) _____

Contact in case of emergency _____

Phone (_____) _____

Alternate contact in case of emergency _____

Phone (_____) _____

Doctor name _____

Phone (_____) _____

Has your child ever had a bee sting? Y / N - What reaction, if any, did he/she have?

Please list any allergies, medications, special needs...

Please select a T-Shirt Size:

_____ Youth _____ Adult

_____ Small _____ Medium _____ Large _____ XL