



BRANDYWINE BATTLEFIELD

SUMMER HISTORY CAMP

2019 Registration Form

Child's Name _____ Age _____

Birthdate ____ / ____ / ____ Grade in September 2018 _____

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. Child must have at least completed Kindergarten*

____ Week 1	June 24-June 28	Military	Grades 4-6*
____ Week 2	July 8- July 12,	Military	Grades K-3*
____ Week 3	July 15- July 19,	Military	Grades 4-6*
____ Week 4	July 22- July 26,	Military	Grades K-3*
____ Week 5	July 29- Aug. 2	Military	Grades 4-6*
____ Week 6	Aug. 5 - Aug. 9,	Military	Grades K-3*

Weeks selected _____

x \$250 = _____ Non-members

x \$225 = _____ Friends members

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 "PHMC" & 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