



Registration Form

Time Travelers Camp

June 26 - 29, 2018 9:00 a.m. – 12:00 p.m.

Name of Child: _____ Age _____ Grade _____

Address: _____

Street/PO#

City,

State,

Zip Code

E-mail Address: _____

Telephone(s): _____

In case of emergency contact:

1. _____ 2. _____

Parents or Guardian Names: _____

Does the child have any dietary restrictions? Yes _____ No _____

If yes please describe: _____

Does the child have any allergies? Yes _____ No _____

If yes please describe: _____

Does the child need any accommodations for disability? Yes _____ No _____

If yes please describe: _____

I understand that my child, _____ will be participating in some physical activities that involve playing games, as well as other activities such as making crafts. My child has permission to participate in these activities. _____

Signature of Parent or Guardian

This completed form must be returned with registration fee before June 15th

Old Independence Regional Museum - 380 South Ninth Street - Batesville AR 72501 - 870-793-2121

Registration fee for participation in day camp program is \$50.00 due by June 15th. Cancellation policy: Registration fee is NOT refundable regardless of the reason for canceling. No refunds will be made to a participant who withdraws from day camp before or after it has begun. OIRM reserves the right to cancel the event if minimum enrollment of 10 campers is not met; in this event pre-paid registration fee will be refunded.