PIONEER DAYS

AT THE LITTLE CABIN 2018

REGISTRATION FORM

ADDITIONAL CAMPERS

Child's Name			Child's Name	
Child's Age			Child's Age	
Parent/Guardian's Name			Does your child have food allergies? No Yes If yes, please indicate food allergies	
Address				
City	State	ZIP	Check this box if your camper will be walking to/ from Dietrich Cabin. This box must be checked for your child to be released without a parent/guardian.	
Parent/Guard	ian Phone		,	
Parent/Guard	ian E-mail			
	ld have food allerg es If yes, please in	ies? dicate food allergies:	Child's Name	
			Child's Age	
Chack this	hov if your campo	r will be walking to/	Does your child have food allergies? No Yes If yes, please indicate food allergies	
from Dietrich	Cabin. This box mu			
☐ Session 1 (3-Day Session: (May 21, 22, 23)			
☐ Session 2 (June 6, 7, 8) ☐ Session 3 (June 12, 13, 14)			☐ Check this box if your camper will be walking to/ from Dietrich Cabin. This box must be checked for your child to be released without a parent/guardian.	
OR Sign up for	r a 1-Day Session:		your child to be released without a parenty guardian.	
☐ May 21 ☐ May 22	☐ June 6☐ June 7	☐ June 12☐ June 13	Total Amount Due: \$	
☐ May 23	☐ June 8	☐ June 14	(See website or brochure for camp rates.)	

There are two ways to sign up:

- Mail this form and your check made payable to the Franklin County Historical Society to FCHS, Attn: Bequi Hicks, PO BOX 145, Ottawa, KS, 66067.
- **Hand-deliver this form and payment to the Old Depot Museum**, 135 West Tecumseh, Ottawa, KS. The museum can accept cash, check, or credit card payments.