

SCHA Summer Camp 2017: Discover Public History!

July 17-21, 2017; 9:00am-12:00pm.

Suggested Ages: 15-18

Student's Name & Age _____

What Grade is Your Child in Now? _____ Today's Date _____

Parent/Guardian's Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Medical Alerts/Allergies _____

Parent/Guardian's Email Address _____

Emergency Contact Name & Phone _____

Payment Methods

Authorized Enrollment Amount: \$50.00

Attached Personal Check in the Amount of _____

Credit Card in the Amount of _____

MasterCard _____ Visa _____

Credit Card Account # _____ Exp. Date _____

I hereby give approval for my child to participate in Summer Camp activities, and release Spartanburg County Historical Association and personnel from any responsibilities for accident or injury resulting from any negligent act of my child. I am also allowing the child to be photographed and for such images to be used in promotional materials.

Signature _____

Please return this completed form to:

Summer Camps/Spartanburg County Historical Association, P.O. Box 887, Spartanburg, SC 29304

Email: camps@spartanburghistory.org

Fax: (864) 596-3501

We will follow up to confirm your registration. If you have questions, please call 864-596-3501.