

2012 Winter Home School Workshop - Registration Form

Registration is guaranteed upon receipt of this completed form and payment, permitting that space is available in the desired program. Price per workshop is \$7 per student and \$2 per adult (maximum of 2 adults at this rate). There is an additional supply fee of \$2 per person for the *Cooking with Wood* workshop.

February 8

1848 School House

1:00 pm - 2:30 pm

Child's name:

- 1)
- 2)

February 22

Pioneer Winter Games

1:00 pm - 2:30 pm

Child's name:

- 1)
- 2)

March 7

Immigrant's Journey

1:00 pm - 2:30 pm

Child's name:

- 1)
- 2)

March 21

Weaving a Bookmark

1:00 pm - 2:30 pm

Child's name:

- 1)
- 2)

April 18

Mother / Daughter Cooking with Wood

Additional \$2 supply fee. Please indicate time preference.

10:00 am - 11:30 am

1:00 pm - 2:30 pm

Child's name:

- 1)
- 2)

May 1

Spring Tours

10:00 am - 2:00 pm

Child's name:

- 1)
- 2)

Payment:

Cost:

- \$7 per student, per workshop.
- \$2 per adult, per workshop.
(Maximum of 2 adults at this rate.)

$\frac{\text{_____}}{\text{\# of Students}} \times \frac{\text{_____}}{\text{\# of Workshops}} \times \$7.00 = \$ \text{_____}$

$\frac{\text{_____}}{\text{\# of Adults}} \times \frac{\text{_____}}{\text{\# of Workshops}} \times \$2.00 = \$ \text{_____}$

***Cooking with Wood* supply fee:**

of Attendees _____ x \$2.00 = \$ _____

TOTAL DUE: \$ _____

Note: Payment must be received before program can be reserved. Refunds are not available.

Note: Heritage Hill reserves the right to cancel any program if minimum attendance numbers are not met. In this event, workshop fees will be refunded.

ALL PHOTOGRAPHS TAKEN DURING PROGRAMS MAY BE USED IN HERITAGE HILL BROCHURES OR OTHER ADVERTISING PROMOTIONS.

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Family Name: _____

Guardian Name: _____ Daytime Phone (____) _____

Address: _____ City/St/Zip _____

Email: _____

Children's Name(s):

_____ Age _____ Birth Date ____/____/____

_____ Age _____ Birth Date ____/____/____

_____ Age _____ Birth Date ____/____/____

_____ Age _____ Birth Date ____/____/____

_____ Age _____ Birth Date ____/____/____

Parental Consent (Complete if parents do not attend workshop.)

I will not hold Heritage Hill responsible in case of injury resulting from my child's participation in a Home School Workshop program and give consent to my child being given emergency treatment by a physician or hospital as needed.

Parent/Guardian Signature

Emergency Contact (Complete if parents do not attend workshop. Must be able to contact during the day.)

Name: _____ Emergency Number: (____) _____

Current Medications: (Please note for each child.)

Medications, allergies, or special needs: (Please note for each child.)

Methods of Payment

Please make checks payable to "Heritage Hill".

Credit card users must provide the following:

CC# _____

Exp. Date: _____

Card type: _____ VISA _____ MasterCard

Total to be charged: \$ _____

Authorized Signature

Please mail completed form with payment to:

**Heritage Hill State Historical Park
2640 S. Webster Ave
Green Bay, WI 54301**

Fax: (920) 4485147