

TIME TRAVEL ADVENTURES

Colonial Life in Westminster

Feb. 20-24, 2012

2012 Registration Form

Date of Application _____

Name (first, last) _____ Home Phone _____

Age _____ Date of Birth _____ Grade _____ Male _____ Female _____

Current School _____ Grade _____

Street _____ City _____ State _____ Zip _____

Mother's Name _____ Work Tel _____ Cell # _____

Father's Name _____ Work Tel _____ Cell # _____

Parent's Email _____

Child lives with both parents _____ Mother _____ Father _____ Other _____

HEALTH CONCERNS

Wendy Provencial is our cooking advisor and leader; she is Food Safe certified.

State all allergies. _____

List all foods child may be allergic to. _____

State all other dietary restrictions. _____

Is this child on any medications? _____ If so, what are they? _____

Will the child take any medications during the day? _____ If so, what? _____

Please send this registration form with the \$100 deposit (non-refundable after Jan. 15, 2012) to:

Westminster Historical Society
110 Main Street, Post Office Box 177
Westminster, MA 01473

Make all checks payable to Westminster Historical Society.

Final payments are due Feb. 13, 2012.

If you have questions, please call Betsy Hannula, Program Director, at 978-874-0430.

Please be advised the maximum number of students is 20. Students will be accepted as their applications and deposits are received.

How did you hear about Time Travel Adventures?

- _____ Community Journal
_____ the Vine
_____ Other newspaper article
_____ Historical Society Web Site
_____ School Flyer
_____ A friend

REGISTRATION REQUIREMENTS

Students must sign up for all five days of February vacation Feb. 20-24. A deposit of \$100 is required with registration. The final payment must be made Feb. 13, 2012. No refunds will be made for absences, except for illness.