



FENTON HISTORY CENTER

museum and research center

Fenton History Center's Education Program Registration

Name: _____

Age: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Phone: _____

School: _____

<p>2008 season Please mark the Camp being registered for: Camp Brown <input type="checkbox"/> History Detectives <input type="checkbox"/> Jr. History Detectives <input type="checkbox"/></p>

In case of emergency, parent/guardian will be contacted. If the parent/guardian cannot be reached, please call the following:

Name: _____

Phone: _____

Name: _____

Phone: _____

I give permission for my child to participate in the Fenton History Center education program and its related activities and field trips. I understand that the Fenton History Center, its staff and volunteer aides will not be held responsible for any accidents or injuries, which might occur.

Signature of Parent/Guardian

Date

Please return to:
The Fenton History Center
67 Washington St.
Jamestown, NY 14701

Or email to information@fentonhistorycenter.org

*We accept cash, check, Visa or MasterCard