

## Michigan Historical Museum Overnight Program Registration

Participant's Name(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Emergency Name and Phone (if different than above) \_\_\_\_\_

Group Name: \_\_\_\_\_

Please list any special needs or food allergies: \_\_\_\_\_

Number of students \_\_\_\_\_ x \$30= \_\_\_\_\_

Number of chaperones \_\_\_\_\_ x \$10= \_\_\_\_\_

Total cost \$ \_\_\_\_\_

I give permission for my child to be photographed as an individual or in a group while attending the museum. I understand photographs belong to the Michigan Historical Museum and may be used for promotional purposes.

Signature: \_\_\_\_\_

All registrations and payments are due 3 weeks in advance of your scheduled program.

Please make checks payable to: "Michigan History Foundation" or call 517-373-1359 to provide credit card information.

Mail registration materials to:  
Michigan Historical Museum  
Attention: Loe'l Murphy  
PO Box 30740  
Lansing, MI 48909-8240