



# SOLDIERS & SAILORS

MEMORIAL HALL & MUSEUM TRUST, INC.



## Civil War History & Reading Camp

### August 09 – August 13

Grades 5 - 8 (2021-2022 School Year)

### Fun Activities

Students will engage in a variety of activities which will include, but are not limited to:

- \*Interaction with Civil War re-enactors plus special guests
- \* Hands-on experiences with artifacts
- \*Tour the museum’s extensive exhibits
- \* Daily sampling of Civil War era foods



- \* Listening to and singing songs from the era
- \* Reading interesting stories and working with Primary Sources
- \* Listening to Civil War era stories, articles and poetry
- \* Arts and crafts activities

And more!

**Choose from FULL Day or HALF Day options!**

#### Full-Day Option:

**Tuition: \$200 per child**

9am - 3pm

Daily lunch and afternoon snack is provided

#### Half-Day Option:

**Tuition: \$100 per child**

9am - 12pm

Daily lunch is provided

*Make sure to ask about tuition rates for additional children from the same family.*

*\*Register before May 30<sup>th</sup> to save \$15 off your tuition*

For additional information call **Tim Neff - 412-621-4253 x 219** or email [tim@soldiersandsailorshall.org](mailto:tim@soldiersandsailorshall.org)

**WWW.SOLDIERSANDSAILORSHALL.ORG**

# Registration Form

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
(2021-2022 School Year)

Parent's / Guardian's name: \_\_\_\_\_

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

Phone # (Day): \_\_\_\_\_ Phone # (evening): \_\_\_\_\_

e-Mail: \_\_\_\_\_

Additional children enrolled from the same family:

2. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ 3. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Tuition:

Full Day Option \_\_\_\_\_ (x\$200) = \$ \_\_\_\_\_  Half Day Option \_\_\_\_\_ (x \$100) = \$ \_\_\_\_\_

Payment:

Check Enclosed # \_\_\_\_\_ Circle: Visa MC Disc AmEx

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

CSC Code \_\_\_\_\_ Zip Code \_\_\_\_\_

## Emergency & Permission

Please note any medical concerns or allergies: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

I give permission to allow my son or daughter to have their picture/video taken.

Parent's Signature: \_\_\_\_\_

Please check any appropriate categories:

Gifted

Special Needs

Other notes: \_\_\_\_\_

Send completed form and tuition payment to:

Soldiers & Sailors  
Attention: Tim Neff  
4141 Fifth Ave.  
Pittsburgh, PA 15213

Please make tuition check payable to:  
Soldiers & Sailors