SOLDIERS & SAILORS
MEMORIAL HALL & MUSEUM TRUST, INC.

World War II History
& Reading Camp
July 29 – August 2, 2024
Grades 5 - 8 (2024-2025 School Year)

Fun Activities

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

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

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

* Listening to and singing songs from the era
* Reading interesting stories and working with Primary Sources
* Listening to WW II era stories, articles and poetry
* Arts and crafts activities

And more!

Make sure to ask about tuition rates for additional children from the same family.
* Register before May 30th to save $15 off your tuition

For additional information call Tim Neff - 412-621-4253 x 219 or email tim@soldiersandsailorshall.org

WWW.SOLDIERSANDSAILORSHALL.ORG
Child’s Name: ___________________________     Child’s Age: _____     Grade Level: _____
(2024-2025 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 #___________
☐ 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