



Santa Barbara Trust for Historic Preservation

Presidio Archaeology Day Camp

El Presidio de Santa Bárbara State Historic Park

July 13 – 17, 2015

Dates: July 13 – 17, 2015 (9 am – 1:30 pm)

Ages: Children ages 11 – 15

Registration: \$225.00/camper/week

Limited to 20/week

Registration is on a first-come, first-serve basis.

How to Register

Complete registration and liability release forms are located at end of document. Return via U.S. Postal Service along with a check or money order made out to “SBTHP” for the appropriate amount.

Once the completed paperwork and payment have been received, we will provide a confirmation and other information via email.

Mailing Address

Presidio Archaeology Day Camp
SBTHP
123 E. Canon Perdido St.
Santa Barbara, CA 93101

Cancellation Policy

All cancellation requests must be received in writing or email and be postmarked at least ten days prior to the start of camp. No refunds will be made for cancellations received after that date. A \$25.00 handling fee will be charged for all processed refunds.

For more information, or to register, please contact:

Melissa Chatfield
Office: (805) 965-2004
Email: chatfield@sbthp.org



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Presidio Archaeology Day Camp **El Presidio de Santa Bárbara State Historic Park**

Please note: Registration is limited to 20 campers and is available on a first-come basis.

Registration fee is \$225.00 /camper/week. Registrations cannot be processed unless completed forms are accompanied by full payment.

Archaeology Day Camp Dates:

July 13 – 17, 2015 (9am – 1:30 pm)

Child's full name	Date of birth	Age at start of camp
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Entering grade (in fall)	Male or Female
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Parent's full name

Mailing address

City	State	Zip Code
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Home Phone	Cell phone	Work phone
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Email address

Emergency contact (please list phone numbers below)	Relationship to child
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Home phone	Cell phone	Work phone
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Please list all persons authorized to pick up your child. A photo ID will be required at pick-up and children will only be released to individuals listed on this registration form.

1. _____

2. _____

3. _____

Please list special medical conditions:

Allergies: _____

Medication: _____

Does your child have any special needs (physical, medical, dietary, emotional)?

