



Springfield and Central Illinois African American History Museum

1440 Monument Ave., Springfield, IL

siaahf@yahoo.com

www.spiaahm.org

(217) 391-6323

Toll Free: (877) 757-2246

Like us on FACEBOOK

AAHM Summer Camp 2022 Registration Form

Child's Name: _____ Cell Phone: _____
Last First M.I.

Home Address: _____ Unit # Email _____
Street Address

City: _____ State: _____ ZIP Code: _____

Parent's Name: _____ Emergency Contact's Name: _____
Parent's Email: _____ Phone: _____

Child's Age: _____ Child's Grade in Fall: _____

Physical Limitations or Accessibility Concerns: _____

Food Allergies: _____

Doctor's Name: _____ Phone: _____ Preferred Hospital: Memorial St. John's
Do you have insurance? YES---- NO---- Company Name: _____ Policy Number: _____

T-Shirt Size: Circle: SM (6-8) M (10-12)
L (14-16) YL (18-20)

X

Parent's Signature

Today's Date: _____

Masks Provided

* Please read and sign the camp waiver on the reverse side.