

# Victorian Craft Camp 2010

June 14-16  
Registration Form

## General Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number ( ) \_\_\_\_\_  
Cell phone number ( ) \_\_\_\_\_  
Email address \_\_\_\_\_  
Parent's Names \_\_\_\_\_

## Emergency Information

Person to contact in case of emergency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number ( ) \_\_\_\_\_  
Cell phone number ( ) \_\_\_\_\_  
Relationship \_\_\_\_\_

## Medical Information

Allergies or allergic reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Family Physician's name and number \_\_\_\_\_  
\_\_\_\_\_  
Insurance Provider \_\_\_\_\_  
Insurance Number \_\_\_\_\_  
Any other information we should know about \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to:  
Oaklands Historic House Museum  
Attn: Mary Beth Nevills  
P.O. Box 432  
Murfreesboro, TN 37133

Or Fax: 615-893-0513

Email: [mb@oaklandsmuseum.org](mailto:mb@oaklandsmuseum.org)