

SUMMER CLASSES

Pre-registration is required. Registration must be received 5 days before class start date.

Ages 8 – 12



Become an Ancient Gamer

Tuesday, June 25 9–11:30 am
 Fee: \$10/member, \$12/non-member
 Travel back to ancient times to try out the earliest board games and craft a version to take home.

Online registration/payment is available at [SiouxCityMuseum.org!](http://SiouxCityMuseum.org)



Ages 6 – 8 & 9 – 12



Tales and Trails: A Pioneer Adventure

Ages 6 – 8 Tuesday, July 23 9–11:30 am
Ages 9 – 12 Tuesday, July 23 12:30–3 pm
 Fee: \$10/member, \$12/non-member per session
 Become a pioneer – experience candle making, square dancing, games, crafts, and a STEM challenge.

Class sizes are limited to 20 participants.

Sioux City Public Museum • 607 4th Street, Sioux City, IA 51101 • 712-279-6174 • SiouxCityMuseum.org

MUSEUM SUMMER PROGRAM REGISTRATION FORM

Payment is required to hold class reservations by registering online or completing this form. Please use a separate form for each child. Forms must be mailed or dropped off at the Sioux City Public Museum. Please make checks payable to "Sioux City Museum & Historical Association."
 Scholarships are available based on financial need. For details, call 712-279-6174 or e-mail museumeducation@sioux-city.org.

Child Information Last Name _____ First _____ Age _____
 Address _____ City/State/Zip _____
 Parent Name _____ Daytime Phone _____ (Cell) _____
 Email _____ Emergency Name/Phone _____

Activity Name	Class Date/Time	Fee
_____	_____	_____
_____	_____	_____

Current Museum Member? Yes No
SAVE ON CLASSES BY BECOMING A MUSEUM MEMBER. Special \$25 offer!
 Save \$5 on a new family membership if you join when registering for summer classes.
Add a \$25 Family membership? Yes No

List any food allergies/medical needs _____ **Total Payment** \$ _____

Refunds will only be given up to one week prior to the class date. After that, no refunds will be given except in the event of unforeseen medical reasons or program cancellations/postponements. Note: bottom portion of this form must be signed regardless of payment type.

Payment method: Cash Check Credit Card (complete information below)
 Visa/MasterCard# _____ Exp. Date _____ Cardholder's Signature _____
 CVV Code (3-digit # on back of card) _____ Cardholder address (if different from above) _____

I hereby give permission for my child (or myself) to participate in the above program/activity. I will not hold the City of Sioux City, the Sioux City Public Museum, or its appointed staff responsible in case of accident/injury or loss as a result of participation in these activities. In addition, I hereby grant the City of Sioux City and its participants, the right to use any and all of my materials, photographs, audio, video tape or film recordings made by me on the dates above and as long thereafter as [the City of Sioux City and its participants] may desire to use the same. Note: If participant is under the age of 18 years or less, this release must be signed by the participant's parent or guardian.

X _____ Date _____
 Parent/Guardian Signature (REQUIRED)