

YOUTH SLEEPOVER REGISTRATION REQUEST FORM

Email form to schools@heritagepark.ca or fax to 403.268.8574.

GROUP INFORMATION

Group Name _____

Sleepover Date Requested:

1st Choice _____

2nd Choice _____

3rd Choice _____

Age/Grade _____

Number of Children _____

Number of Adults (within ratio) _____

Number of Extra Adults _____

Sleepover with NO Dinner

Sleepover WITH Dinner (check one):

Option #1 (Lasagna)

Option #2 (Stew and Biscuits)

Option #3 (Pizza)

Evening Snack Choice (check one):

(Includes Hot Chocolate)

Option #1 (Popcorn)

Option #2 (Cookies)

Option #3 (Apple Slices)

Allergies _____

Evening Activity Options — Choose one activity from each group (A, B, C, D) = 4 activities total:

*Note: Bedtimes at 8:30pm or earlier will only have time to complete activities A-C.

ACTIVITY A: Heritage Home Skills/Crafts (6-9) Fiber Arts (9 & up)

ACTIVITY B: Log Cabin Building Rope Making/Knot Tying

ACTIVITY C: Ice Cream Making Butter Churning

ACTIVITY D: Old Time Barn Dance Become a 1900's Settler

Please state your preferred bed time: _____

Crest: \$2.00 per person: _____

Do you intend to stay past the 10:00am drop-off time in Gasoline Alley Museum? Yes No

CONTACT INFORMATION

Contact Person's Name _____

Contact Person's Address _____

City _____ Province _____ Postal Code _____

Phone _____ Cell Phone _____

Email _____

Yes, I give permission for Heritage Park to email me about upcoming Youth Sleepover Programs and information.



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Email: schools@heritagepark.ca www.HeritagePark.ca [f/HeritageParkYYC](https://www.facebook.com/HeritageParkYYC) [@HeritageParkYYC](https://twitter.com/HeritageParkYYC)

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