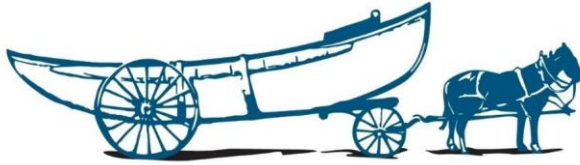


HULL LIFESAVING MUSEUM

SAVING LIVES THEN. CHANGING LIVES NOW.



Summer Adventure Sign up Form

2022

Welcome to the Summer Adventure Program! We are excited to have your child (or children) join us for lots of fun and learning. Important: One form needs to be filled out for each child participating.

Instructions: Fill out this form, when you have the total amount due on the 2nd page, follow payment instructions on page 2. This form MUST accompany payment to secure a spot for your child.

COVID19 Policy: To protect everyone, all participants must be fully vaccinated against Covid 19 (2 Pfizer / Moderna doses or 1 Johnson & Johnson dose). Policy may be modified as situation dictates.

Child Information:

Last Name: _____
 First Name: _____ Nickname if preferred: _____
 Age: _____ **Must be 5 years old by July 1**
 Gender: _____

Parent / Guardian Info:

Primary responsible person
 Last Name: _____
 First Name: _____
 Emergency phone numbers:
 Preferred: _____
 Alternate Phone Number: _____
 Email: _____

Additional Person(s) authorized drop off or pick child:

Parent / Guardian Info:
 Primary responsible person
 Last Name: _____
 First Name: _____
 Emergency phone numbers:
 Preferred: _____
 Alternate Phone Number: _____
 Email: _____

Parent / Guardian Info:
 Primary responsible person
 Last Name: _____
 First Name: _____
 Emergency phone numbers:
 Preferred: _____
 Alternate Phone Number: _____
 Email: _____

X	Check off Summer Adventure Weeks
	Week 1 July 5, 6, 7
	Week 2 July 12, 13, 14
	Week 3 July 19, 20, 21
	Week 4 July 26, 27, 28
	Week 5 August 2, 3, 4
	Week 6 August 9 10, 11
	Week 7 August 16, 17, 18

X	Check off Extended Program Weeks
	Week 1 July 5, 6, 7
	Week 2 July 12, 13, 14
	Week 3 July 19, 20, 21
	Week 4 July 26, 27, 28
	Week 5 August 2, 3, 4
	Week 6 August 9 10, 11
	Week 7 August 16, 17, 18

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Fee Calculation:

Number of Summer Adventure weeks _____
Weekly rate (\$100 members or \$110 nonmembers) _____
Total Summer Adventure: _____

Number of Extended Program weeks _____
Weekly rate (\$55 members or nonmembers \$60) _____
Total: Extended Program _____

Add Total Summer Adventure + Total extended total: _____ (This is your total payment)

- Check here if this is the second child from your household and call Mike McGurl at the museum to receive \$10 discount.

Payment:

Payment can be made online, by phone or in person (cash, check, Venmo or charge Note: we do not accept AMEX)

- Mail or drop off this form with check to:
Hull Lifesaving Museum
1117 Nantasket Ave.
P.O. 221
Hull, MA 02045

Parent or Guardian Signature

Date

If you have any questions, please call the museum at 781 925- 5433 or email to: mike@hulllifesavingmuseum.org

We look forward to an exciting summer!

Mike McGurl
Executive Director
Hull Lifesaving Museum
(781) 925-5433