



P.O. BOX 1864
8895 GEORGE COLLINS PARKWAY
NEW MARKET, VIRGINIA 22844
PHONE: 540-7403101
FAX: 540-740-3033

Visitor Services Use ONLY:

In-Person: _____

Phone: _____

Online*: _____

* If registration paperwork has been/will be submitted online please ensure they understand camp registration is NOT finalized until all forms have been received.

Civil War Day Camp Registration Form

July 7, 2025 July 8, 2025 July 9, 2025 July 10, 2025 July 11, 2025

Please indicate which days you will be attending camp

THREE DAY MINIMUM

9:00 AM to 12:00 PM

Registration Fee: \$25 per day or \$100 for the week. * See payment instructions below

Camper's Name:

Age: _____ (Ages 7-12 are eligible)

Address:

City/State/Zip:

Parent **Guardian**

Email: _____

Phone (Day): _____

Phone (Evening): _____

Cell: _____



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Emergency Contact

Name: _____ Relationship to camper: _____

Phone: _____ Work Phone: _____

Cell Phone: _____

Family Physician: _____

Phone: _____

Other Instructions in case of an emergency:

Return the registration and medical forms to:

Virginia Museum of the Civil War, P.O. Box 1864, New Market, VA 22844.

* A \$25 non-refundable deposit per camper is due within one week of registration. Deposit will be credited to full camp rate. Remainder of payment due on the first day of camp. Please call 540-740-3101 to make a credit card payment over the phone. Checks made out to VMCW can be mailed to the Virginia Museum of the Civil War P.O. Box 1864 New Market, VA 22844 Att. Day Camp.

Official Use

Registration Form: Received by: _____ Received On: _____

Deposit: Received by: _____ Received On: _____



NEW MARKET BATTLEFIELD* HISTORIC BUSHONG FARM*SHENANDOAH VALLEY TOURIST INFORMATION CENTER

ADMINISTERED BY THE VIRGINIA MILITARY INSTITUTE



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Civil War Day Camp Medical Form

Camper's Name: _____

•Does the camper have, or is subject to any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="radio"/> Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Fainting Spells | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Convulsions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Allergies to Insect Stings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Allergies to Poison Oak/Ivy/Sumac | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Food Allergies: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Other Allergies | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to any of the above, please give specific information:

•Does the camper have any special needs that the Park Staff should be aware of?

Yes No

If yes, please describe:

•Does the camper have a condition that will require medicine to be administered during the Day Camp? Yes No

If yes, please

describe _____

Medication and written instructions must be given to Park Staff by 9:00 AM on the 1st day of the camp.





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Please list individuals that are permitted to pick up camper. Pick up person must be noted at the morning drop off. * All individuals picking up a camper will be required to show a valid government issued photo I.D. at the time of pick up.

Name: _____ Phone Number: _____

*** If a change in pick up person occurs after morning drop off, please call 540-740-3101. The Site Manager, Brittney J. Phillips, or Assistant Site Manager, Sarah M. Hebert, will confirm with primary parent/guardian about pick up change before sending camper home.**



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