

Gammelgarden Museum, Scandia, Minnesota

# “Comin’ to Amerika”

[museum@gammelgardenmuseum.org](mailto:museum@gammelgardenmuseum.org)

Session One: Tuesday & Thursday, July 17, & 19, 10:00 am – 3:30 pm

Session Two: Tuesday & Thursday, August 7. & 9, 10:00 am – 3:30 pm

\* All participants must have completed Kindergarten (Spring 2012) through 6<sup>th</sup>



This program is planned for young people to experience what it may have been like to be an immigrant “COMIN’ TO AMERIKA” in the 1800’s. Two days of fun, adventure which is sure to challenge creativity & expand participant’s imagination. Everyone works together as a family. Each day participants dress as an immigrant. Past immigrants are encouraged to attend as they become the sponsors for the new immigrants as they settle into their new life in America. This is an excellent opportunity to develop leadership skills by helping others to succeed. Participant will receive a letter prior to the program as to what each participants need to bring each day.

**\$30.00 for two full days (all fees MUST be paid at time of registration)**

**Program is limited & fills quickly; therefore we can no longer hold an unpaid space.**

**Registration deadline is July 6 for July session, July 26. for August session.**

**\* Questions please call: Barb Swanson 651-464-4922 or Gammelgarden Museum 651-433-5053**

**No refunds will be given 10 working days prior to program.**

Registration Opens May 1, 2012



Name of Youth \_\_\_\_\_ Grade (Fall 2012) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_, E-mail \_\_\_\_\_

Fee Included: Check: # \_\_\_\_\_, Visa Card # \_\_\_\_\_, Discovery: # \_\_\_\_\_, Master Card: \_\_\_\_\_

**FEE: \$30.00 \*\*Reminder fee must be paid at time of registration:**

Has youth attended this program previously? \_\_\_\_\_ Number of times: \_\_\_\_\_

Session One: July 17 & 19. \_\_\_\_\_, or Session Two: Aug.7 &9 \_\_\_\_\_

How did you learn about program? Flyer \_\_\_\_\_ Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Web Site \_\_\_\_\_

Special Needs of participants: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ Emergency numbers: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Bee Sting Allergy \_\_\_\_\_ List any food allergy: \_\_\_\_\_, \_\_\_\_\_

Medications needed: \_\_\_\_\_

**\*\*Mail to "Comin' to Amerika" % of Barb Swanson 21996 Jason Ave. N. Forest Lake, Mn.55025 .**



Photo release to use pictures taken for Gammelgarden: Yes: \_\_\_ No: \_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_