



**Young Villagers Colonial Workshop
Registration Form
July 14 -17, 2025**

Child's Name: _____

Nickname: _____

Grade Entering In the Fall: _____

Address: _____

City: _____

State: _____. Zip Code: _____

EMERGENCY CONTACT:

Parent/Guardian: _____

Phone Number: _____

Email: _____

Name of HSI Member:

\$50.00 (Members) \$ _____

\$70.00 (Non-Members). \$ _____

HSI Membership. \$ _____

Total Amount Enclosed \$ _____

Make Checks Payable to:
Historic Schaefferstown, Inc.
Deadline July 7, 2025

**Send Form and Payment to:
Historic Schaefferstown
111 North Market Street
PO Box 307
Schaefferstown, PA 17088**

For More Information Call our Office at :
717.949.2244