



OLD STURBRIDGE VILLAGE OVERNIGHT REGISTRATION/BOOKING FORM

Please print clearly and make a copy for your records.

One for deposit/booking; one for balance due.

Group Leader _____

Group Name or Troop _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Date of Sleepover _____

Of Children Attending _____ + # of Adults Attending _____ = Total # _____

Grade Level(s) _____ or Age Level(s) _____

Total # in group _____ x \$50 per person = \$ _____ Total Fees Due

\$ _____ 50% non-refundable deposit required when registering.

\$ _____ Non-refundable balance is due two weeks prior to your Overnight.

Payment may be made by:

_____ Check: (Payable to Old Sturbridge, Inc.)

_____ Charge: (Please charge my credit card.)

_____ Mastercard _____ Visa _____ Discover _____ American Express

_____ Card Number

_____ Exp. Date

_____ 3-digit Security Code

_____ Name and Billing Address of Card Holder (if different from above)

TO REGISTER:

By Mail:

Overnight Program
Museum Education
Old Sturbridge Village
One Old Sturbridge Village Road
Sturbridge, MA 01566

By Fax:

(508) 347-0307

OVERNIGHT ATTENANCE FORM



Group: _____

Leader: _____

Name	Child & Age	Adult	Emergency Contact Name and Number
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OVERNIGHT ATTENANCE FORM (Page 2)

Group: _____

Leader: _____

