History Camp
August 2-3, 2024

The Pennsylvania Lumber Museum’s annual History Camp is a two-day immersive experience for children ages 10-18. Campers will learn about the life of 19th century loggers through various educational activities. Camp activities include using a crosscut saw, log rolling birling in the pond, cooking, and more. Registration includes admission to the museum, lunch on Friday and a Saturday pass to the Galeton Rotary’s Woodsmen Show at Cherry Spring State Park.

Daily Schedule:

- **Friday, August 2:** Camper should be dropped off promptly at 9am at the Pennsylvania Lumber Museum. Activities for the day will include a tour through the museum and training in the use of a crosscut saw, log rolling in the pond, log peeling, board drilling (the old fashion way), axe throwing, sunflower seed spitting contests, and model log raft racing. Campers will assist in the preparation of their own lunch just like woodhicks used to eat.

- **Saturday, August 3:** Camper should be dropped off promptly at 9am at the Woodhick Grove at Cherry Springs State Park. Campers can bring a bag lunch and water or purchase food from the vendors at the Woodsmen Show. Campers will demonstrate their newly acquired skills to the public at the Woodhick Grove in the morning, with a chance to explore the other activities happening at the event throughout the day.

**What to bring and wear:** Campers should dress comfortably. Hats, hiking boots, sunscreen, and insect repellent are highly recommended. To get into the immersive spirit, campers can choose to wear their own logger style clothing. Swimming gear and a towel are required for Friday.

**Price:** The registration fee per camper is $50 non-member/$45 museum member and includes admission to the museum and Woodsmen Show as well as lunch on Friday, August 2. Pre-registration is required (see attached forms).

**Scholarships:** Full scholarships are available to cover the cost of camp registration. Interested campers must submit a 200-250 word essay explaining “Why I want to go to History Camp,” which will be judged by the museum’s Event Committee for content. Essay submission can be sent to palindromeumuseum@gmail.com or mailed to the museum by June 29, 2024. Scholarship recipients will be notified by July 11, 2024.

Registration forms and payment should be mailed by July 13 to: PO Box 239 Galeton, PA 16922

Make checks payable to: Pennsylvania Lumber Museum Association (PALMA)

Questions: Contact Jennifer Haines, Museum Educator, jenhaines@pa.gov
History Camp Registration Form

Camper Name_____________________________________________________________________________

Birthday______________________                    Age_________________

Address_________________________________________________________________________________

City_____________________________    State__________    Zip Code________________

Parent/Guardian Name _________________________________________________________________

Parent/Guardian Phone Number (_____) __________________

Parent/Guardian Email Address ________________________________________________________

On Friday, August 2 campers will assist the museum’s camp cooks to prepare a lunch fit for a woodhick. Please list any food allergies/sensitivities your camper has so we can avoid any issues.

_________________________________________________________________________________

Payment: Can be made by check (payable to PALMA) or credit card which can be provided below or call the museum at (814)-435-2652 to may payment over the phone.

Credit Card Number_______________________________________________________________

Expiration Date________________________    CVV Code_____________________________
Emergency Information & Consent

I hereby authorize Pennsylvania Lumber Museum to execute emergency or other medical treatment for my child, ________________________________________, that may be deemed necessary by attending medical personnel while he/she is attending the History Camp.

Parent/Guardian signature ______________________________ Date _______________

Parent/Guardian Phone Number (____)_____________________

Contact in case of emergency _________________________________________________

Phone Number (____)_____________________

Alternate contact in case of emergency ________________________________

Phone Number (____)_____________________

Doctor’s Name___________________________________________________________

Phone Number (____)_____________________

Has your child ever had a bee sting? Y/N—What reaction, if any, did he/she have?

__________________________________________________________________________

Please list any allergies, medications, special needs your child has below:

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