



Pennsylvania  
Lumber  
Museum

# History Camp

## August 1-2, 2025

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 19<sup>th</sup> 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 1: Camper should be dropped off promptly at 9am at the Pennsylvania Lumber Museum. They will assist in the preparation of their own breakfast just like woodhicks used to eat. 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 also learn about the transportation of lumber from the forest and watch a demonstration of log skidding using real horses.
- Saturday, August 2: 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 breakfast & lunch at the museum on Friday, August 1. 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 [palumbermuseum@gmail.com](mailto:palumbermuseum@gmail.com) or mailed to the museum by June 27, 2025. Scholarship recipients will be notified by July 3, 2025.

**Registration forms and payment should be mailed by July 12 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](mailto: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 1 breakfast (*pancakes, stewed apples, and sausages*) and a bagged lunch (*sandwich, fruit, cookies, bottle of water*) will be provided for each participant. Please list any food allergies/sensitivities your camper has so we can avoid any issues.

\_\_\_\_\_

Please select the type of sandwich your camper would like for lunch:

Turkey \_\_\_\_\_ Peanut Butter & Jelly \_\_\_\_\_ Jelly \_\_\_\_\_

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_