

# 2018-2019 Heritage Activities for Today's Students (H.A.T.S.) Registration Form



School Type:      **Public**                  **Private**                  **Home Education**

For Public Schools, please circle class:    **A**    **B**    **C**    **D**

Public school registrations received before June 1, 2018 are automatically entered into the Ella Epp Education Fund Matching Scholarship Drawing.

School Name: \_\_\_\_\_ School Phone: (    ) \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## PLEASE FILL OUT ONE SECTION FOR EACH TEACHER

Dates and times classes are offered can be found in the H.A.T.S. Catalog.

| Grade | H.A.T.S. Class Title | Teacher Name | # Students | # School Staff* | # Chaperones* | Date Preference | Time Preference |
|-------|----------------------|--------------|------------|-----------------|---------------|-----------------|-----------------|
|       |                      |              |            |                 |               | Fall            | AM              |
|       |                      |              |            |                 |               | Spring          | PM              |

Teacher E-mail: \_\_\_\_\_ Teacher Home/Cell # (emergency use only): (    ) \_\_\_\_\_

Will your class be arriving early for a self-guided tour (additional \$2.00/person) or to eat lunch on museum grounds?    **Yes**    **No**

Notes/Special Requests (i.e. need handicap accessibility, must be done by a certain time, etc): \_\_\_\_\_

| Grade | H.A.T.S. Class Title | Teacher Name | # Students | # School Staff* | # Chaperones* | Date Preference | Time Preference |
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Teacher E-mail: \_\_\_\_\_ Teacher Home/Cell # (emergency use only): (    ) \_\_\_\_\_

Will your class be arriving early for a self-guided tour (additional \$2.00/person) or to eat lunch on museum grounds?    **Yes**    **No**

Notes/Special Requests (i.e. need handicap accessibility, must be done by a certain time, etc): \_\_\_\_\_

\*Please observe the ratio of 1 adult to 5 students. Class sizes are limited- students are given first preference, educators second, and chaperones third. Chaperone names must be submitted via e-mail to [education@stuhmuseum.org](mailto:education@stuhmuseum.org) one week prior to your scheduled H.A.T.S. class.  
Children younger than the specified grade level will not be permitted to attend H.A.T.S. classes.  
Contact the Education Department with any questions.

**Please fill out one section for each teacher.**

| Grade | H.A.T.S. Class Title | Teacher Name | # Students | # School Staff* | # Chaperones* | Date Preference | Time Preference |
|-------|----------------------|--------------|------------|-----------------|---------------|-----------------|-----------------|
|       |                      |              |            |                 |               | Fall<br>Spring  | AM<br>PM        |

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**Notes/Special Requests** (i.e. need handicap accessibility, must be done by a certain time, etc): \_\_\_\_\_  
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**Will your class be arriving early for a self-guided tour (additional \$2.00/person) or to eat lunch on museum grounds? Yes No**  
**Notes/Special Requests** (i.e. need handicap accessibility, must be done by a certain time, etc): \_\_\_\_\_  
 \_\_\_\_\_

**Return completed registrations form to:**  
**Stuhr Museum - H.A.T.S. Registration**  
 3133 W. US Hwy 34  
 Grand Island, NE 68801

(308) 385-5316 Ext. 204  
 education@stuhrmuseum.org

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 one week prior to your scheduled H.A.T.S. class.  
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