



2026 PIONEER CAMP ENROLLMENT FORM

Ages 8 – 11 (3rd to 5th Grade)

NOTE: ALL BLANKS MUST BE COMPLETED

Name of Camper: _____ Age _____
Grade (going into this fall) _____ Boy _____ Girl _____

Parents' Names: _____

Address _____ City _____ State _____ Zip _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

In case of emergency, please notify (include name, relationship to camper, address and phone number of local person): _____

Each session is limited to 24 campers.

Please return enrollment form along with payment of camp fee no later than April 26, 2026
(no exceptions - see letter included with form) to:

Dickinson County Historical Society, 412 S Campbell, Abilene KS 67410

Fee for non-members is \$100 for each camper.

If you are currently a member of Dickinson County Historical Society, your camper/s fee is \$100 for first camper and \$75 each camper after that.

The fees must be sent with enrollment form for the campers to be enrolled for camper.

Session Preference: _____ June 1st to 5th OR _____ June 8th to 12th
9:00 am to 1:00 pm both sessions

Is camper allergic to any food or insects (bees, etc.?) _____ Yes _____ No

If so, what to and what action should be taken? _____

CAMPERS ARE NOT ALLOWED TO HAVE CELL PHONES WITH THEM !!

By signing this from the camper and parents understand that each participant will abide by the rules of Pioneer Camp and will participate in all activities. Your signature releases the Dickinson County Historical Society and its volunteers from being held responsible for any injuries. Parents will assume the insurance for all medical treatments. Your signature gives the Dickinson County Historical Society permission to use photographs taken of your child/children during Pioneer Camp as a document of activities and will be used for marketing and promotion campaigns to raise the profile of Dickinson County Historical Society, Heritage Center, Pioneer Camp and the pictures will be owned by Dickinson County Historical Society.

PLEASE NOTE: CAMPER AND PARENT (GUARDIAN) MUST SIGN THIS APPLICATION.

Camper signature: _____ Parent/Guardian signature: _____

Date: _____ Date: _____

Please see back side →



2026 PIONEER CAMP SCHOLARSHIP APPLICATION

The Dickinson County Heritage Center is fortunate to offer a limited number of scholarships due to the generosity of community benefactors. These scholarships will be income based using 200% of FY2025 Federal poverty levels as our guidance and on a first come, first serve basis.

We ask that you please check the following box that applies to your family.

Household/Family Size

Below Adjusted Gross YEARLY Income

_____ 1	\$31,300
_____ 2	\$42,300
_____ 3	\$53,300
_____ 4	\$64,300
_____ 5	\$75,300
_____ 6	\$86,300
_____ 7	\$97,300
_____ 8	\$108,300

I acknowledge that the above boxes I marked are a true and accurate statement of my finances.

Signature of parent or guardian

Print your name

Date