

Reed Gold Mine presents its first summer day camp for children ages 9-11 on June 20, 2006. The Junior Prospectors Camp will give children an inside look at Reed Gold Mine. This program will explore many facets of historic mining, as well as assaying, and minting. Activities will include using log rockers, "cookie mining," specialized tours designed just for campers, panning for gold and much more. Campers will experience Reed Gold Mine in a hands-on way that has never been offered before!

PLEASE BRING A BAGGED LUNCH! Drinks will be provided.

- Date: June 20, 2006
- Time: 9:00 am – 4:30 pm
- Ages: 9-11 years
- Cost: \$25
- Deadline for Registration: June 6

Pre-registration is required and space is limited. Registration forms and further information about the camp is available online at www.reedmine.com. Please help us spread the word by telling your friends, neighbors, and relatives who have children ages 9-11 about this exciting summer opportunity.

Registration is only complete once payment has been received.

Registration and payment should be mailed to:
Reed Gold Mine State Historic Site
ATTN: Kim Tweedy
9621 Reed Mine Rd.
Midland, NC 28107

Questions can be directed to Kim Tweedy at 704-721-4653.
Make checks payable to Gold History Corporation.

**Reed Gold Mine Junior Prospectors 2006 Summer Day Camp
Registration Form**

CAMPER INFORMATION: (Please print all information)

Name: _____

Address: _____

Phone Number: _____

Birth date: ____/____/____

Allergies/Medications or Health/Behavioral Problems:

Emergency Contact:

Name: _____

Relationship to camper: _____

Phone Number: _____

Parent/Guardian:

Name: _____

Address (if different then camper):

Phone Number: _____

Daytime/Work: _____

Cell: _____

Name of person dropping off/picking up camper: _____

Relationship: _____

Liability Waiver:

I give consent for the listed child to participate in the Reed Gold Mine Summer Day Camp Program. I will not hold the State of North Carolina liable in case of accident or injury as a result of participation. I authorize any medical treatment which may be advised or recommended by an attending physician in the event of an emergency. I understand that no refund will be made if my child is dismissed from the program due to failure to comply with the rules.

Parent/Guardian signature: _____

Date: _____