

# Pony Express Museum Day Camp 2026

**Preschool - 9—11:00 AM**

**July 16, 2026**

**\$ 20 per child**

**Age: 3 - 5 years old**

**T-shirt provided**

**\*Parent must attend**

**July 13-15, 2026**

**July 20-22, 2026**

**Please check date to attend**

**Time: 8:30 AM - 1:15 PM**

**Lunch provided!**

**Sessions Limited To 15 Campers  
Per Group**

**\$45**

**PER CAMPER**

**Scholarships Available**

**2026 Theme:**

**“Harness the Trails”**

**Open to students entering grades**

**K-6 in the Fall of 2026**

**All Campers receive a T-shirt**

**Snacks provided**

**All craft supplies furnished.**



Come join us for three days of fun!

## ENROLLMENT FORM

(Form available at [ponyexpress.org](http://ponyexpress.org) under “Events”

Please Fill Out and Return To:

**PONY EXPRESS NATIONAL MUSEUM**

914 Penn St., St. Joseph, MO 64503

<b>Camper's Name</b> _____	<b>Camper's Name</b> _____	<b>Camper's Name</b> _____
<b>T-Shirt Size:</b> _____ <b>Grade:</b> _____	<b>T-Shirt Size:</b> _____ <b>Grade:</b> _____	<b>T-Shirt Size:</b> _____ <b>Grade:</b> _____
<b>Allergies:</b> Yes _____ No _____ Explain: _____	<b>Allergies:</b> Yes _____ No _____ Explain: _____	<b>Allergies:</b> Yes _____ No _____ Explain: _____
I hereby give my child / children permission to attend Day Camp at the Pony Express National Museum. I will not hold the museum liable for any accidents that might occur while my child/children are in their care.		
Signature _____	Date _____	
Address _____ <small>Street Name / Apt #</small>	Phone: _____	
_____ <small>City</small>	_____ <small>State</small>	_____ <small>Zip Code</small>
School Name _____		
Method of Payment: Cash _____ Check _____ Credit Card _____		Credit Card # _____
		Expiration Date: ____/____ Security Code: _____