7/24/2008

ALEXANDER & BALDWIN SUGAR MUSEUM
MAUI SUGAR PLANTATION CAMP REGISTRY FORM

[ ] Registering for the first time **[ ]** Updating information

PLANTATION:

HC&S: □ Puunene □ Kihei □ Spreckelsville **MACo:** □ H'Poko □ Paia

□ **WAILUKU** □ **LAHAINA**

CAMP NAME _____

House Number _____ Lived in house from _____ to _____

FAMILY NAME _____
Last name

FAMILY HEAD _____ Deceased?_____
First name date or year

Date of immigration to Maui_____ Originally from _____

Spouse/mother of household: _____
(First name) (Maiden name)

Deceased? Date or year: _____

CURRENT MAILING ADDRESS (IF APPLICABLE) _____

City_____State _____ Zip _____

SONS & DAUGHTERS NAMES:

1. _____ _____ Male/Female □deceased _____
First name Last name date or year

2. _____ _____ Male/Female □deceased _____
First name Last name date or year

3. _____ _____ Male/Female □deceased _____
First name Last name date or year

4. _____ _____ Male/Female □deceased _____
First name Last name date or year

PLEASE USE BACK OF FORM IF NEED MORE SPACE. .. . . ….

NEIGHBORING FAMILIES / FRIENDS:

	House Number	Family's Last Name	First Names Recalled
1.			
2.			
3.			
4.			

PLEASE USE BACK OF FORM FOR MORE SPACE . . .

PERSON FILLING IN THIS FORM **Date form filled out:** _____

CONTACT NAME _____ Phone _____

Relationship to Family _____

Mailing Address _____

City _____State_____ZIP_____
Email _____

Permission to release information and or photos: **[ ]** Yes **[ ]** No

Signature of Contact Person _____

(Please use reverse side to record any other information you may know about this registrant, such as occupation, special interests, other activities, anecdotes or stories.)

Form may be mailed to: Alexander & Baldwin Sugar Museum P.O. Box 125, Puunene, HI 96708

SONS & DAUGHTERS NAMES:

5. _____ _____ Male/Female deceased _____
First name Last name
date or year

6. _____ _____ Male/Female deceased _____
First name Last name
date or year

7. _____ _____ Male/Female deceased _____
First name Last name
date or year

8. _____ _____ Male/Female deceased _____
First name Last name
date or year

NEIGHBORING FAMILIES / FRIENDS:

	House Number	Family's Last Name	First Names Recalled
5.			
6.			
7.			
8.			

Please share your stories and memories of camp life . . .