

FRIENDS OF SUOMI HALL
UNITED FINNISH KALEVA BROTHERS & SISTERS
FINLANDIA FOUNDATION ASTORIA CHAPTER

We are holding the fifth annual SUOMI SCHOOL once again! Yay! Thanks to a very generous donation, we won't have to charge fees this year. WOW!

The school will take place from August 3rd to the 7th at Suomi Hall in Astoria. The school day runs from 9:00 am to 12:00 noon and is open to children aged 6 to 12. Finnish heritage is not required, just an interest in Finnish culture, music, traditions, food and crafts. There is no cost for this week-long summer school, but spaces are limited.

We will start promptly at 9:00 am. Family members are welcome to stay for a morning welcome and short program. This is Regatta week, so we have plans to participate in the Kiddy Parade on Thursday the 6th as a group. They would also participate in Regatta's Grand Land Parade on Saturday, August 8th. Parents would be responsible for transporting their child(ren) to and from the parades. Sunday, August 9th is the Friends of Suomi Hall's annual picnic at Cullaby Lake. We hope to present some entertainment for picnic attendees. The picnic starts at noon. Chicken is provided with members and guests bringing side dishes and desserts.

Mail registration forms to: Friends of Suomi Hall
Suomi Summer School
PO Box 146
Astoria, OR 97103

Please return all completed forms by June 13th.

Include Registration, Emergency Information, and Photo Release Permission. As attendance is limited, enrollment will be first received application forms.

For more information call/text: 503 791-1139
email: Friendsofsuomihall@gmail.com or mlcollier62@gmail.com

FRIENDS OF SUOMI HALL ♦ SUOMI SCHOOL

Suomi School Registration

School Dates: August 3-7, 2026

Return registration form by **June 13, 2026**.

Please print CLEARLY

STUDENT INFORMATION	
Student's Name:	T-Shirt Size:
Address:	<input type="checkbox"/> S (sizes 4-5)
	<input type="checkbox"/> M (sizes 6-8)
	<input type="checkbox"/> L (sizes 9-12)
City, State, Zip:	<input type="checkbox"/> XL (sizes 13-15)
	<input type="checkbox"/> Other
Date of Birth:	Age:
School last attended:	Grade completed: (As of June 2026)
PARENT INFORMATION	
Mother's Name:	
Address (if different than above):	
Phone:	
Email:	
Father's Name:	
Address (if different than above):	
Phone:	
Email:	
Alternate contact if parents cannot be reached:	
Name:	
Phone:	
Email:	
OTHER QUESTIONS	
Does the Student have Finnish Heritage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do parents/family belong to the Lodge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, are they interested in joining?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Need not be of Finnish Heritage to participate	

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Emergency Information, Release of Liability, and Medical Release Form

Parent/guardian names:		
Student(s) name:		
Date of Birth:		
Address:		
City:	State:	Zip:
Emergency Contacts: (Name, Address, Phone)		
Doctor: (Name, Address, Phone)		
Allergies, Medications:		
Medical problems:		

_____ Release of liability: I, the parent/guardian of this child/these children, in consideration of participation in Suomi School, agree to indemnify and hold the school and Friends of Suomi Hall harmless, and release them of any and all liability for any injury which maybe suffered by the above named student's registration in the school, arising out of, or in any way connected with the participation in the school activities. Medical Release: I, the parent/guardian of this child/these children, hereby authorize any licensed medical practitioner or their designated agent to render all necessary medical aid to my child/children.

I have read and I understand the above agreement. By signing this agreement, I agree to the terms above.

Signature

Date

**Minor (child) photo release form
Friends of Suomi Hall, Astoria, OR**

I, _____

The parent or legal guardian of _____,

Grant Suomi School my permission to use the photographs taken during Suomi School for the legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____

Date: _____

Child's Name: _____

Phone Number: _____