

SO CAL YEARBOOKS WORKSHOP • CHAPMAN UNIVERSITY • ORANGE, CA • JULY 20-23, 2018

REGISTRATION DUE BY MAY 12 WITH FULL PAYMENT FOR EARLY DISCOUNT

One form per student. Duplicate as needed. Additional forms may be downloaded at www.socalyearbooksworkshop.com
Credit card payments can be made online for a \$15 convenience fee.

CONFIRMATION PACKET WILL BE EMAILED following receipt and processing of your registration form.
All checks should be payable to So Cal Yearbooks.

Mail registration form with payment to: Shea Suiter, 10746 Blix St, Unit 204, North Hollywood, CA 91602
Questions? Email: info@socalyearbooksworkshop.com or call Shea Suiter: 909-573-4129

CHECK ONE <input type="checkbox"/> Student <input type="checkbox"/> Adviser	CHECK ONE <input type="checkbox"/> Resident (staying on campus) <input type="checkbox"/> Commuter (not staying on campus)	CHECK ONE Years completed on staff <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Name _____ Male Female
(PLEASE PRINT CLEARLY)

Personal email Address _____
(SUMMER EMAIL ADDRESS REQUIRED TO RECEIVE IMPORTANT INFORMATION AND ATTACHMENTS BEFORE CAMP)

Cell Phone (_____) _____ Home Phone (_____) _____

Full School Name _____ Roommate Request _____

Dietary Concerns/Allergies _____

If taking advantage of 11th student goes free, all 11 applications must be submitted together with full payment and postmarked by May 12 for discount to apply.

\$410 (\$310 COMMUTERS) if postmarked by May 12
\$460 (\$360 COMMUTERS) if postmarked by July 07
\$475 (\$375 COMMUTERS) if postmarked after July 07

CHOOSE ONE CLASS ONLY

Classes fill up quickly. First come, first served

- Yearbook I/Newbie: A Little of Everything (choose one): ____InDesign ____Online
- Yearbook II: A Lot More of Everything Else (must have one year or more experience)
- Editorial Layout and Design (must have a computer with Photoshop installed)
- Editorial Leadership
- Writing
- Photography I (must have a camera - point & shoot ok, DSLR preferred)
- Photography II (must understand ISO, aperture & shutter speed and have a DSLR)
- New Advisers (for new advisers not attending photography)
- Veteran Advisers (for advisers not attending photography)

PAY THIS AMOUNT

Class fee postmarked by May 12: \$410 (\$310 commuters) _____

Class fee postmarked by July 07: \$460 (\$360 commuters) _____

Class fee postmarked after July 07: \$475 (\$375 commuters) _____

Advisers /adults will be assigned to rooms with other adults.
Single adult rooms available for additional \$90. _____

Purchase Optional Camp T-Shirt (\$15) _____
Circle Size XS, S, M, L, XL, XXL, XXXL (Unisex size)

SUBTOTAL _____

Check here if paying online with credit card. **Date paid** _____

ADULT SUPERVISION IS REQUIRED

An adviser or an adult chaperone must attend with the staff and be responsible for students attending.
Please indicate the name(s) of the adult(s) attending and providing supervision.

Chaperone/adviser _____ Chaperone/adviser _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship: parent legal guardian other (specify) _____

Address _____ City _____ State _____

Zip _____ Telephone (day) _____ (eve) _____

Insurance policy name and number _____

EMERGENCY AUTHORIZATION

Believing that every precaution will be taken to ensure the safety of my son/daughter, I agree to his/her participation in the Walsworth Workshop understanding that he/she will be the primary responsibility of the adult chaperone named above. I agree to waive all claims against the leaders of this activity and officers, agents and representatives of the Walsworth Workshop. I authorize and give my consent to the adult leaders to obtain medical care as necessary for the health and welfare of the minor, provided under the supervision of a licensed physician or dentist, including and not limited to diagnosis, anesthesia, treatment, surgery, medication, or to hospitalize or order injection for the above minor as provided under Section 25.8 of the California Civil Code. I agree to be responsible for all costs. I authorize the adult leader to receive custody of said minor under Section 1283(A) of the California Health and Safety Code upon completion of medical treatment.

Date _____ Name _____ Signature _____

Relationship: parent legal guardian other (specify) _____

Michelle DiSimone, 805-657-3099, michelle.disimone@walsworth.com • Monica Loera, 951-288-3713, monica.loera@walsworth.com
 Josue Baltezar, 619-972-0602, josue.baltezar@walsworth.com • Martin Albornoz, 626-487-7092, martin.albornoz@walsworth.com
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 Valen Rocha, 702-448-9985, valen.rocha@walsworth.com • Priscilla Hernandez, 714-504-9225, priscilla.hernandez@walsworth.com

www.socalyearbooksworkshop.com

IF YOU PREFER TO FILL OUT THIS FORM ELECTRONICALLY, SIMPLY COMPLETE THE FIELDS IN AROBAT THEN PRINT, SIGN AND MAIL WITH YOUR PAYMENT