

SoCal Yearbooks Workshop • Cal Baptist University • Riverside, CA • July 11-14, 2024

REGISTRATION DUE BY MAY 13 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.

A confirmation Packet Will Be Emailed following receipt and processing of your registration form.

All checks should be payable to SoCal Yearbooks Workshop

Mail registration form with payment to: Casey Maldonado, 9361 Klusman Ave. Rancho Cucamonga, CA 91730

Questions? Email: info@socalyearbooksworkshop.com or call Casey Maldonado: 951-691-0836

\*\* If you want info on hotels, please contact Casey above. Rooms book fast!\*\*

Check one boxes for Student/Adviser, Resident/Commuter, and Is 2024-2025 your first year in yearbook? Y/N

Name \_\_\_\_\_ Male  Female

Personal email Address \_\_\_\_\_ (Please Print Clearly)
(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 13 for discount to apply.

\$450 (\$350 COMMUTER WITH MEALS/\$260 COMMUTER NO MEALS) if postmarked by May 13
\$500 (\$400 COMMUTER WITH MEALS/\$320 COMMUTER NO MEALS) if postmarked by June 19
\$530 (\$415 COMMUTER WITH MEALS/\$340 COMMUTER NO MEALS) if postmarked after June 19

CHOOSE ONE CLASS ONLY

Classes fill up quickly. First come, first served

\*PLEASE READ RESTRICTIONS ON CLASS DESCRIPTIONS!!!

- 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 (Please check one \_\_\_IC \_\_\_Section Editor \_\_\_Other)
Writing
Photography I (must have a camera - point & shoot ok, DSLR preferred)
Photography II (must shoot manual and understand ISO, aperture & shutter speed and have a DSLR)
New Advisers (for new advisers not attending photography)
Veteran Advisers (for advisers not attending photography)
Middle School Track (for 1st or 2nd year middle school students)

PAY THIS AMOUNT

Class fee postmarked by May 13 : \$450 (\$350 commuters/\$260 Commuter No Meals)
Class fee postmarked by June 19: \$500 (\$400 commuters/\$320 Commuter No Meals)
Class fee postmarked after June 19: \$530 (\$415 commuters/\$340 Commuter No Meals)
Advisers /adults will be assigned to rooms with 1 other adult. Single adult rooms not available for at this time.
Purchase Optional Camp T-Shirt (\$25) Circle Size XS, S, M, L, XL, XXL, XXXL (Unisex size)
Advisers /adults will be assigned to rooms with 1 other adult. Single adult rooms not available for at this time. SUBTOTAL
Check here if paying online with credit card. Date paid

THERE WILL BE NO REFUNDS AFTER JUNE 14th, 2024

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) \_\_\_\_\_

Monica Loera, 951-288-3713, monica.loera@walsworth.com • Jose Valladarez, 323-595-4789, jose.valladarez@walsworth.com
Lindsay Fulton, 317-691-3801, lindsay.fulton@walsworth.com • Erin Stoskopf, 913-980-7077, erin.stoskopf@walworth.com
Mia Saragusa, 407-433-7840, mia.saragusa@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