

Registration Form

SUMMER WRITING CAMP

August 3-5, 2016

Tutor: Douglas Bond 253-381-1961

12305 Olalla Valley Rd SE 98359

Participant's *parents' names and contact info:

Name _____

Phone _____ alt # _____

Address _____

Name of student _____ age _____

Name of sibling _____ age _____

Name of sibling _____ age _____

Deposit enclosed with registration \$ _____

Scholarship or sibling discount amount \$ _____

Balance \$ _____ in full due July 27, 2016

*I agree for my son or daughter to participate in the SUMMER WRITING CAMP with Douglas Bond and hold him harmless for injuries that might occur while my child is participating in activities on the farm or in transit to and from the writing camp.

Signed _____