



# we are the storytellers

## CAMP WISCONSIN

Carroll University - Waukesha, WI  
July 20-21

• Cindy Wandschneider: 414.379.6264  
cindy.wandschneider@walsworth.com

### **Creativity Day, July 20** (registration 8-9, class 9-3)

Plan and create your story of the year! You will learn about hot design trends, theme development, creative marketing techniques along with ways to make your job easier!

### **Technology Day, July 21** (registration 8-9, class 9-2)

Focused on yearbook production using Walsworth's Online Design Program.

**COST: \$85/day**

**Cost includes "all you can eat" lunch for everyone!**

1) Submit this form, one for each participant or go to:  
**www.camp-wi.com**

2) Make check payable to  
**Camp Wisconsin**

3) Send check and form to:  
**Cindy Wandschneider**  
1265 Chickadee Lane  
Grafton, WI 53024

### Participant Information

Name: \_\_\_\_\_ School: \_\_\_\_\_

Please print clearly

\_\_\_ Student

\_\_\_ Adviser/Chaperone

Personal Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Required to receive important workshop information and attachments

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years on Staff: \_\_\_ 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3

\_\_\_ Creativity Day - July 20 \_\_\_ Technology Day - July 21 \_\_\_

\_\_\_ Creativity and Technology Day - July 20-21

### Payment Information

- One Day \$ 85.00 \$ \_\_\_\_\_
- Two Day \$170.00 \$ \_\_\_\_\_

**All payments must be paid in full by July 1st.**

Checks payable to: **Camp Wisconsin**

Registration is non-refundable, but you may substitute students.

Yes, I would like to set up an artist appointment

### Emergency Authorization

**Believing that every precaution will be taken to ensure the safety of my son/daughter during the workshop. I agree to his/her participation in the Camp Wisconsin Yearbook Workshop with the 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 Camp Wisconsin Yearbook 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 limited to the diagnosis, anesthesia, treatment, surgery, medication or to hospitalize or order injection for the above minor. I agree to be responsible for all costs. I authorize the adult leader to receive said custody of said minor upon completion of any treatment. I specifically instruct any treating facility to surrender the physical custody of said minor to the adult leader. I certify that I am the parent or one of the parents having legal custody or legal guardianship of the minor named above.**

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

parent legal guardian other (specify) \_\_\_\_\_