



Los Angeles Writing Project

REGISTRATION FORM

Use one registration form per student

Student Information (PLEASE PRINT LEGIBLY)

Student Name: _____ Student's Grade in Fall 2010: _____
 School: _____ Birth date: _____
 Please place my child with (other campers) _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Parent Name: _____ Email: _____
 Contact Phone: () _____ Alternative Phone: () _____

Emergency Information

Emergency Contact: _____ Phone: _____
 Doctor's Name: _____ Phone: _____
 Medical Conditions (if any): _____
 The Los Angeles Writing Project has purchased liability insurance for all campers.

Select Camp (check one)

- CSULA Young Writers' Camp
Grades 1-6
- CSULA HS Writing Institute
Grades 7-12
 creative writing essay writing
- Young Filmmakers' Camp
Grades 6-12

Payment Type (note: camp payment must be made before the camp begins)

- Cash (\$300) Check (\$300) Credit Card (\$310 includes processing fee)
- Make check payable to:*
Los Angeles Writing Project
- (circle one) Visa Master Card American Express
- Credit Card Holder: _____
 Credit Number: _____
 Expiration Date: _____
 Signature: _____

(note: we are required to have the "original" signature in order to process credit card transactions, no faxes will be accepted.)

Videotape/Photo Release:

I give my permission to reprint, without charge, any photographs of myself or my child taken at the Young Writers' Camps. These photographs may be published at a future date in various Writing Project publications, advertisements, LAWP websites and/or flyers.

Parent Signature: _____

Mail in ALL registration forms to: Dr. Carolyn Frank, Los Angeles Writing Project
 California State University, Los Angeles
 5151 State University Dr.
 Los Angeles, CA 90032-8142