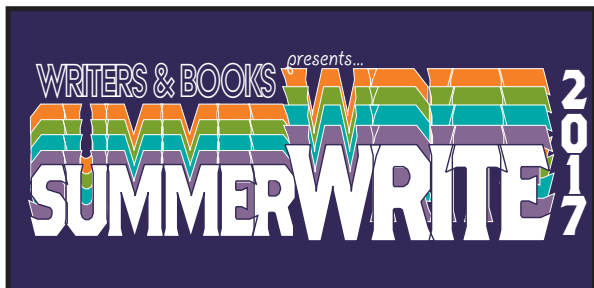


# SummerWrite T-Shirts!

\$12 each  
design printed on a purple, short-  
sleeve t-shirt\*

All proceeds go to the  
SummerWrite  
scholarship fund.



\_\_\_\_\_ child small (6-8)

\_\_\_\_\_ child medium (10-12)

\_\_\_\_\_ child large (12-14)

\_\_\_\_\_ adult small

\_\_\_\_\_ adult medium

\_\_\_\_\_ adult large

\_\_\_\_\_ adult x-large

total # of shirts ordered \_\_\_\_\_

x \$12 = total amount due \_\_\_\_\_

Child's Name \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

First date child will attend camp \_\_\_\_\_

Orders due June 2. Shirts will be available for pick-up at  
Writers & Books after June 26.

A limited quantity will be available for purchase at  
Writers & Books after the start of SummerWrite.

\* design subject to minor changes

## PROGRAM REGISTRATION

PARTICIPANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (DAYTIME) \_\_\_\_\_ (EVENING) \_\_\_\_\_

EMAIL (PARENT) \_\_\_\_\_

EMAIL (STUDENT, IF APPLICABLE) \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
m d y

Registration for both Morning and Afternoon Youth  
Classes in a single week = full-day supervision. Extended  
care available by arrangement.

Each participant needs a separate form. For additional  
forms, visit us on the web ([www.wab.org](http://www.wab.org)) or call  
(585) 473-2590 x 107.

1. WORKSHOP # / TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ FEE \_\_\_\_\_

2. WORKSHOP # / TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ FEE \_\_\_\_\_

3. WORKSHOP # / TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ FEE \_\_\_\_\_

4. WORKSHOP # / TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ FEE \_\_\_\_\_

5. WORKSHOP # / TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ FEE \_\_\_\_\_

**WE NEED TO KNOW YOUR EXTENDED CARE NEEDS AT LEAST TWO WEEKS IN  
ADVANCE TO BE SURE WE CAN FILL YOUR REQUEST.  
EXTENDED CARE MORNINGS (JY17-EA)**

7:30 (\$45/week) or  8:00 (\$30/week) Week # \_\_\_\_\_

START DATE \_\_\_\_\_ FEE \_\_\_\_\_

**EXTENDED CARE AFTERNOONS (JY17-EP)**

5:00 (\$30/week) or  5:30 (\$45/Week) Week # \_\_\_\_\_

START DATE \_\_\_\_\_ FEE \_\_\_\_\_

## YES I want to become a Member!

I want to join a community of readers & writers. Create, upgrade,  
or renew my membership today! (Your Membership entitles you to  
a discount today!)

- \$25 Student  \$100 Patron  
 \$40 Individual  \$250 Turning Pages Readers Circle  
 \$65 Household  \$500 Champion

More information on membership benefits: [www.wab.org](http://www.wab.org)

## Annual Fund

Yes, I (also) want to contribute to the Annual Fund and support  
W&B's good work in this community!

- Poet: up to \$99  Publisher: \$500-\$999  
 Essayist: \$100-\$249  Ampersand Giving Circle \$1,000+  
 Novelist: \$250-\$499

## SCHOLARSHIP FUND

\$ \_\_\_\_\_ (\$120 supports one child for a week)

I got this catalog (check one)  through the mail  
 by picking it up at \_\_\_\_\_

Joining us August 21 for Writers & Books night at the Red  
Wings? (see pg 17 of our catalog for details)

\$8.00 x \_\_\_\_\_ (number of tickets) = \$ \_\_\_\_\_

A. SUBTOTAL TUITION	\$ _____
B. MEMBERSHIP FEES (if applicable)	\$ _____
C. ANNUAL FUND CONTRIBUTION (if applicable)	\$ _____
D. T SHIRT ORDER	\$ _____
E. RED WING TICKETS	\$ _____
F. REFERRAL CREDIT	-\$ _____
G. GRAND TOTAL	\$ _____
H. <b>Round Up</b> *	\$ _____
I. REFERRED BY _____	

Payment Method:  Check Enclosed  Credit Card

CREDIT CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CVC CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Round Up**

\*You now have the option to "round up" your  
total cost. Your mini donation will directly sup-  
port Writers & Books programs and services.

**OFFICE USE ONLY**

Scholarship awarded

full  partial

amount awarded \$ \_\_\_\_\_ amount owed \$ \_\_\_\_\_

Registration form continues...



STUDENT NAME

## Parent/Guardian Contact Info:

PARENT/GUARDIAN #1 NAME AND RELATIONSHIP

PHONE NUMBERS, EMAIL

PARENT/GUARDIAN #2 NAME AND RELATIONSHIP

PHONE NUMBERS, EMAIL

EMERGENCY CONTACT NAME AND RELATIONSHIP

PHONE NUMBERS

AUTHORIZED PICKUP NAME AND RELATIONSHIP

Child's Gender: \_\_\_\_\_

Allergies (Indicate severity of reaction and whether child carries an epi pen)

Medications your child currently takes and for what condition/purpose (including any allergy medication your child carries and any medication your child takes at home): \_\_\_\_\_

Other medical issues we should be aware of (including but not limited to ADD, ADHD, Aspergers, etc.): \_\_\_\_\_

Any additional information that will help us best serve your child(ren). Feel free to attach an additional sheet if needed.

All medical information will be kept confidential between program administrators and instructors.

NOTE: We are no longer using the parent/student info sheets normally provided close to the start of class, so please include any pertinent info with registration.

## EMERGENCY/MEDICAL CONSENT FORM

If my child requires emergency medical care and I cannot be reached, I give my consent to the Writers & Books SummerWrite Staff to contact the individuals I have listed on the registration form. Those individuals have permission to make decisions regarding the daily care and medical care of my child, including permission to pick up my child(ren) from the program at any time.

In the event of the program's inability to locate me, or the emergency contact designee(s), I give permission to the SummerWrite staff to take such emergency measures as they deem appropriate until such time as emergency contact designee or myself can be contacted.

I will not hold Writers & Books or their employees responsible for any injury or other harm that results from program participation.

I agree to pay all of the costs associated with the emergency care that my child receives. I understand that the program assumes responsibility for my child(ren)'s well-being during the hours of the program and will make every effort to immediately contact me should any type of emergency arise.

Writers & Books SummerWrite staff will provide only basic first aid. If my child(ren) require(s) additional treatment I will be notified.

- I understand and agree to the terms and conditions detailed in the Emergency/Medical consent statement above.
- I give permission for my child to participate in all workshop or day camp activities on and off Writers & Books' property.
- I give permission for Writers & Books to use any photographs or videos in which my child appears or any writings or art my child generates in workshops in promotional print materials such as the SummerWrite catalog or on the SummerWrite blog or Writers & Books website. Students will never be identified by full name in any of these formats. Student images and work will not be used for any other purpose than that which is stated here.

My signature acknowledges my understanding of and agreement to the above and also that all the information I provided is accurate and complete.

### PARENT SIGNATURE

Registration: Phone (585-473-2590 ext. 107), mail, fax (585-442-9333), or drop off this form to  
740 University Ave, Rochester, New York 14607.  
You can register for adult workshops online at: [www.wab.org](http://www.wab.org)  
If you have questions, please call (585) 473-2590 x 107 or email [office@wab.org](mailto:office@wab.org)

## SUMMER WRITE

### Apprenticeship

Writers & Books SummerWrite Apprenticeship offers high school (juniors and seniors) and college students the chance to work in classrooms with teaching artists of various backgrounds.

Apprentices work four to five weeks out of the summer and are an integral part of SummerWrite. Apprentices will gain experience in youth arts education, literary programming, child care/youth development, and exposure to life inside an arts non-profit. This is an ideal position for an aspiring educator, writer, or anyone who is interested in a career in the arts.

For more information visit <http://www.wab.org/internships-apprenticeships/>

Applications due March 25.

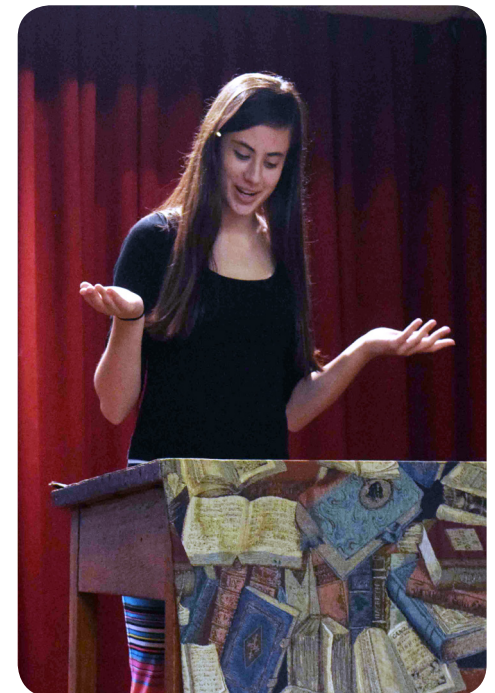


photo by W&B Staff