

Imagine...



IMAGINE...

a full week dedicated to your love of writing with those who share your creative passion

IMAGINE...

inspiring activities with others who know how it feels to face the blank page

IMAGINE...

making your writing dreams come true

Imagine yourself as a

RED OAK *writer!*



Camp Tuition

Early Bird Discount
Prior to March 1
\$325

March 1 – May 31
\$350

Late Registration
After June 1
\$375

Please visit our website

redoakwriting.com

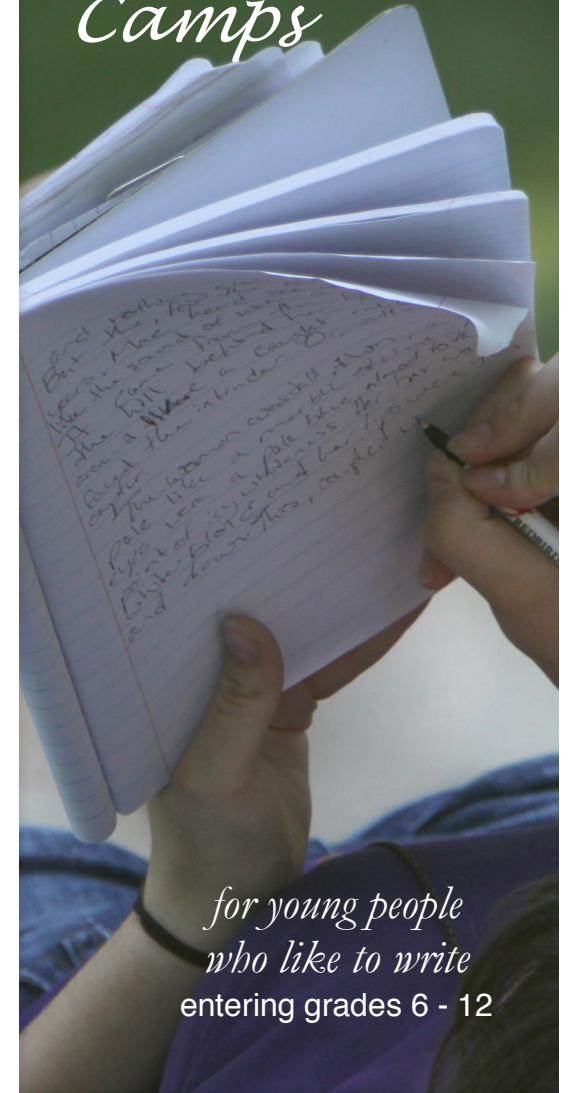
for dates and locations

414-881-7276

kim@redoakwriting.com

www.redoakwriting.com

Creative Writing Camps



*for young people
who like to write
entering grades 6 - 12*



Time Space Support Community

Led by accomplished writing coaches who tailor activities to the age and interests of each group, Creative Writing Camps provide young writers with the time, space, support and community they need to nurture their passion for writing.

Each day includes light-hearted activities, age-appropriate lessons on the craft of writing and, best of all, time to write. The grounds at our locations provide a lovely setting for gathering inspiration and listening to the writer within. We work outdoors as much as the weather will allow.

During the week, our writers share with others in a small writers' circle to receive input and support. Many list this as their favorite part of the week because they may not have writing friends at school or in their neighborhood. Friendships form quickly and last beyond our week at camp.



Camp Registration

For Parent/Guardian: This form is required for participation in all Red Oak programs. Please inform us of any changes. A new form must be completed at the beginning of each camp season.

Camp Location _____ Camp Start Date _____

Camper's Last Name _____ First Name _____

Grade Camper will enter in FALL _____ Birthdate (must be older than 11) _____

Camper's Tshirt Size (All Adult Sizes, Circle one) S M L XL

Email Address* _____ Preferred Phone _____

*Unless otherwise indicated, we will use this as the primary contact for communicating about the program.

Mailing Address/City/State/Zip _____

Any allergies, medications or medical conditions we should be aware of? _____

If so, please explain: _____

Emergency Contact Info:

Contact #1 Name _____ Phone _____

Contact #2 Name _____ Phone _____

Whom can we thank for recommending Red Oak to you? _____

This information is correct and my child/ward has permission to engage in all program activities except as noted. In the event of an emergency, I hereby authorize the staff of Red Oak Writing, llc, to administer general first aid and to arrange transportation for my child/ward as necessary.

As the parent/legal guardian of the participant, I intend to be legally bound for myself, my heirs, executors and administrators. I waive and release any and all rights and claims for damages I may have against the presenters, individually, their representatives, employers, employees, successors and assigns, for any and all injuries or claims of damages suffered by my child/ward during participation.

Further, I hereby grant permission to publish my child's/ward's writing (digitally and in print) or short excerpts of writing for legitimate purposes and to use photographs/video taken during the workshop.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

Please send registration and check to:
Red Oak Writing, llc
PO Box 342
Genesee Depot, WI 53127
Refunds (less \$25 processing fee) will be granted if cancellation is submitted at least 30 days prior to the beginning of the session