

# 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

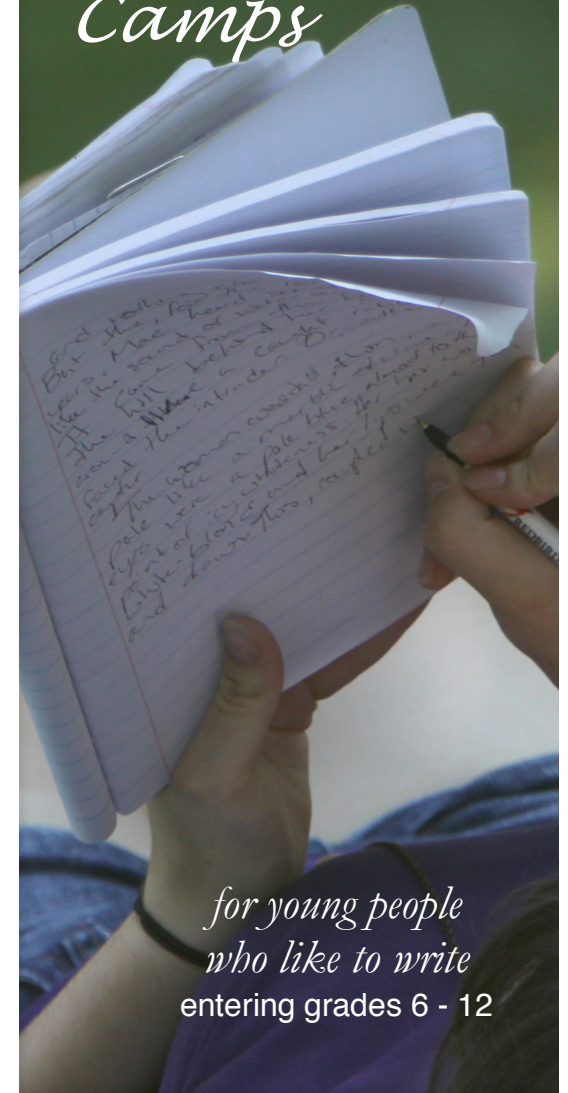
March 1 – May 31  
\$350

Late Registration  
After June 1  
\$375

Please visit our website  
[redoakwriting.com](http://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*



# 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 \_\_\_\_\_ Preferred Pronouns (optional) \_\_\_\_\_

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