



San Marcos Writing Project

Young Writers' Camp

June 21 - July 1, 2010

Ashley Falls Elementary School

Del Mar Union School District

Student's Name _____

Current School _____

Grade Entering Fall 10 _____

Parent's Name _____

Home Address (Number and Street) _____

City/Zip _____

Home Phone (include area code) _____

Work Phone (include area code) _____

Emergency Contact Name _____

Phone Number (include area code) _____

Registration is due by June 11, 2010.

No confirmation letter will be mailed. As long as your registration is received by the due date your child will be included in the camp.

Mail registration to:

Andrea Peddycord
1623 Buttercup Road
Encinitas, CA 92024

Make check payable to:

CSUSM Foundation

\$ _____ enclosed*

****If paying for 2 or more children, please submit separate enrollment form for each child***

Camp T-Shirt size (youth sizes):

S

M

L

XL

I permit the Young Writer's Camp and/or news media to print photographs, student work, and identification of the above-named student on web pages such as the San Marcos Writing Project or Del Mar web pages, newspaper articles and television programs. Identification of students on web pages will be limited to first name only.

Parent/Guardian Signature: _____

NO, I do not wish for my child to be on the news media/web pages. Parent/Guardian initials: _

Medical Conditions: _____