

I give my son permission to participate in the Writing Workshop Camp and will not hold DeSales High School or any of its staff responsible for any accident or injury to my child.

Signature (Legal Guardian)

Each participant is required to carry his own insurance.

Company name and policy number

I hereby consent to allow my son to receive any medical treatment for an injury suffered on DeSales High School property.

Signature (Legal Guardian)

Date

In case of emergency contact:

Name (please print)

Phone Number



DeSales High School



2010

WRITING
WORKSHOP
CAMP

Non-Profit Org.
U.S. POSTAGE
PAID
Louisville, KY
Permit No. 823

Writing Workshop Camp



June 21– June 25, 2010

9:00 am– 12:00 pm



Capacity: 30 students

Grade Level: 7th, 8th, and 9th graders-to-be

Cost: \$95.

This one-week program is designed to enhance and reinforce the writing skills necessary to succeed in middle school, high school, and beyond.

Focus areas:

- How to write correct and concise sentences
- How to write a complete and correct paragraph
- How to write a well-thought and well-supported essay

Registration Form

Name _____

Grade level for 2009-2010 School year _____

School in which you are currently enrolled:

Address _____

City _____

State _____ Zip _____

Phone #1 _____

Phone #2 _____

Phone #3 _____

**Please make check payable to:
“DeSales Writing Workshop Camp”**

**Please send registration form,
permission & medical consent form,
and check to:**

**DeSales High School
Writing Workshop Camp
425 Kenwood Drive
Louisville, KY 40214**

Contact: Terry.Barney@desaleshs.com