

# SATORI 2006 REGISTRATION FORM

Complete and mail registration form with your \$100 deposit or full camp tuition by June 30, 2006. (Registrations postmarked after June 30, 2006, will incur a \$30 late charge.)

## Satori Camp 2006

Eastern Washington University  
Student Financial Services (218020)  
202 Sutton Hall  
Cheney, WA 99004-2448

### CAMPER INFO (PLEASE PRINT)

Name: \_\_\_\_\_

M  F Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

e-mail: \_\_\_\_\_

Grade just completed: \_\_\_\_\_

School attended: \_\_\_\_\_

T-Shirt size (Adult)  S  M  L  XL

This will be my:  1st  2nd  3rd  4th  5th

6th+ year attending Satori Camp

Do you have a roommate preference? \_\_\_\_\_

### CLASS REGISTRATION

Using course numbers, list a 1st, 2nd and 3rd choice for each session. Courses are subject to minimum and maximum enrollments. Please select three classes, as classes are filled on a first come, first served basis.

#### Morning (8:10 - 10 a.m.)

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

#### Midday (10:30 a.m. - 12:20 p.m.)

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

#### Afternoon (1:10 - 3 p.m.)

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

How did you find out about Satori? \_\_\_\_\_

### PARENT INFO

Name(s) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Day phone ( \_\_\_\_\_ ) \_\_\_\_\_

Night Phone( \_\_\_\_\_ ) \_\_\_\_\_

### Payment Options

\$575 Residential Camper

\$475 Commuter

\$30 Late fee after June 30, 2006

\$ \_\_\_\_\_ Course fee(s) See descriptions; pay at time of registration

\$100 deposit paid by check or credit card (balance due by July 14, 2006)

Full tuition paid by check or credit card

Full tuition + late fee charged to: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  Visa  Mastercard

Authorized Signature \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

# MEDICAL RELEASE & ACKNOWLEDGMENT OF RISK

(confidential)

I verify that:

\_\_\_\_\_  
Camp Participant

Has medical insurance with:

\_\_\_\_\_  
Medical Insurance Co.

Policy # \_\_\_\_\_

And has dental insurance with:

\_\_\_\_\_  
Dental Insurance Co.

Policy # \_\_\_\_\_

which effectively covers any medical/dental cost incurred as a result of participation in the Satori Camp. I acknowledge the potential risk of injury related to physical activity and contact associated with participation in the Satori Camp. Further, I authorize the camp staff to seek any necessary emergency medical/dental treatment my child may need during the course of the camp.

\_\_\_\_\_  
Parent/Guardian Signature

In case of emergency

please call: \_\_\_\_\_

Days: \_\_\_\_\_

Evenings: \_\_\_\_\_

Please list any special medical conditions and /or prescription medications:

\_\_\_\_\_

\_\_\_\_\_

Special dietary needs: \_\_\_\_\_

\_\_\_\_\_

I grant permission to include the above participant's address, home phone and e-mail information in the Satori Campers 2006 Directory to be distributed at the end of camp.

\_\_\_\_\_  
Parent/Guardian Signature

Please send \_\_\_\_\_ brochures for friends.