

SATORI 2007 REGISTRATION FORM

Complete and mail registration form with your \$100 deposit or full camp tuition by June 29, 2007.
(Registrations postmarked after June 29, 2007 will incur a \$30 late charge.)

Satori Camp 2007 Eastern Washington University
Student Financial Services (218020)
202 Sutton Hall
Cheney, WA 99004-2448

Camper Information (please print)

Name: _____

Birth Date: _____ M F

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? _____ If so, who? _____

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 INFORMATION

Name(s): _____

Address (if different): _____

Day phone (_____) _____

Night phone (_____) _____

PAYMENT OPTIONS

- \$575 Residential Camper
 - \$475 Commuter
 - \$30 Late fee after June 29, 2007
 - \$ _____ Course fee(s); see descriptions; pay at time of registration
 - \$100 deposit paid by check or credit card (balance due by July 13, 2007)
 - Full tuition paid by check or credit card
 - Full tuition + late fee paid by credit card **Total Payment \$** _____
- Cardholder's Name _____
- Card # _____ Exp. Date: _____ Visa Mastercard

Authorized Signature _____

MEDICAL RELEASE AND 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 2007 Directory to be distributed at the end of camp.

Parent/Guardian Signature _____

Please send _____ brochures for friends.