Champlain College Young Writers’ Conference

***Acceptance Form: May 27-29, 2016***

Student and Parent/Guardian: Please complete this form and return it to the address below, **postmarked by April 1st.** **An** **online tuition payment of $375 must be posted by the same date.** (For instructions, please visit the CCYW website: <http://www.champlain.edu/write>**)**  **We cannot consider you an enrolled student until we have received your completed registration form and payment.**

NAME: GENDER:

ADDRESS:

CITY: STATE: ZIP:

CELL PHONE: EMAIL:

HIGH SCHOOL: GRADE LEVEL:

**Whom should we contact in case of emergency?**

NAME:

ADDRESS (if different from above):

HOME PHONE: CELL PHONE:

RELATIONSHIP TO STUDENT:

**Do you have any health issues or special needs we should know about?** YES NO (Please circle one)

If yes, please describe:

**Do you have a roommate preference?**

If yes, please provide up to three names:

*I understand that this form with accompanying online payment officially registers me for the Champlain College Young Writers’ Conference. If I wish to cancel my registration, I will notify CCYW in writing by May 4th to receive a refund. I have read and agreed to all documents in this mailing.*

**Student’s signature Date**

*I give approval for the student in my care to attend the Champlain College Young Writers’ Conference, and take responsibility for him/her. I have read and agreed to all documents in this mailing.*

**Parent/Guardian’s signature Date**

**RETURN FORM TO: CCYW, 588 Fern Lake Road, Leicester, VT 05733**