



Book Camp Sign-up Form

Please print and fill out the following application and mail it, with the appropriate fees to:

Michael Lister's Book Camp
Gulf Coast Writers
PO Box 35038
Panama City, FL 32412

Student's Name: _____ Date: _____

Parent's Name _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

In case of emergency, contact (list two names and numbers): _____

Home Phone: () _____ Cell () _____

Work Phone: _____

Email Address: _____

I, the undersigned parent or guardian of the minor child above, hereby grant permission for my child to participate in all activities in and around Book Camp. Furthermore, I agree to assume all risks and liabilities associated with my child's participation in Book Camp and to hold Book Camp, Michael Lister, the Rabbit Hole, its staff and volunteers, harmless from all claims which may arise as a result of such participation. In case of an emergency, Book Camp personnel have my permission to have my child transported to the nearest hospital. I also give Book Camp my full permission to use my child's image, writing, story, or art work in publications, advertisements, and promotions of Book Camp and educational programs.

The following people are authorized to drop off and pick up my/our child.

***Students must be dropped off and picked up on time every day of camp.

Signature: _____

Date: _____

Make checks payable to Gulf Coast Writers and mail to:

**Book Camp P.O. Box 35038
Panama City, FL 32412**

