

### Join us for our 2019

# Summer Youth Writing Project

## ~A camp for young writers ~

#### The Place for Wanna-Be Writers

This program is different from "school" writing. Led by professional writers and experienced teacher consultants for the National Writing Project, participants will explore what it is like to be a real writer. Writers are guided through activities that promote creativity and enrich language development. Workshops emerge from the real needs of writers--through participation, students will develop the tools needed to enrich their voice, clarify their message, and help readers gain meaning from their words.

Intermediate Camp June 17-28th (half-days, Monday through Friday) grades 3-5\* \$200

Teen Camp 1st session June 17-21 (full days) grades 6-12\* \$200

Teen Camp 2nd session June 24-28 (full days) grades 6-12\* \$200

Teens may choose the session that fits best within their summer plans, or opt to attend both!

\*Incoming Grades for 2018-2019; previous attendees may choose to return the summer after their high school graduation

The SYWP is held at Resurrection Lutheran Academy, 6840 Nimtz Parkway, South Bend, Indiana.

To register, please complete the **SYWP** registration form on reverse. Be sure to submit payment with your registration.

For additional information contact Michiana Writers Center Kathy Higgs-Coulthard, Director (574) 220-8798

Or visit our website: www.michianawriterscenter.pbworks.com

Space is limited and our camp tends to fill early, so register soon!

### 2019 MWC Summer Youth Writing Project APPLICATION

Teen Session #1 (Grad	(grades 3-5*) June 17-28 (M-F 9am-noc des 6-12*) June 17-21 (M-F 9 am- 3 pm) des 6-12*) June 24-28 (M-F 9 am- 3 pm	\$200		
*Incoming Grades for 20				
<del>-</del>	includes a non-refundable registration fee			
Part 1 Student Informa	ons prior to 6/1/19 will receive refund mination	nus the \$30 fee. Cancellations afte	er 6/1/19 are not eligible for a refund	•
Ture i Student informe				
Child's Full Name	Birthdate	Home Phone	School Name	
Home Address	City, State, Zip Code	Current Homeroom teacher	Grade for 2019-2020	
Parent/Guardian Infor	mation			
Parent/ Guardian Name(s)	Cell Phone (for emergencies only)	Work Phone	email	
How did you find out a	bout our camp?			
Emergency Information	ı			
	ue or special needs that may impact you	r child's participation in the SYWP	) <del>.</del>	
Please list an emergency	contact person (other than parent)			
Name	Relationship to Child	Phone	Cell Phone	
Part 2 Participation Co	ntract			
-	ion to participate in the 2019 Summer Y	outh Writing Project. Please initial	to indicate agreement with each sta	itement:
	and depart on time each day.	3	5	
I grant permission	for my child's work & photo to be publis	shed in the writing project antholo	ogy.	
I grant permission	for my child's work to appear online as I	part of the MWC website.		
I grant permission f	for my child's photo to appear online as	part of the MWC website.		
Parent signature:				

Please send this form, with payment to: Michiana Writers' Center c/o Kathy Higgs-Coulthard, Director, 71303 Brush Road, Niles, MI 49120