



# 2018 REGISTRATION FORM

(You MUST check one of these boxes)

| FOR OFFICE USE ONLY |         |         |
|---------------------|---------|---------|
| CAMP<br>circle one  | MU<br>S | HC<br>D |
| DATE REC'D _____    |         |         |
| CHECK # _____       |         |         |
| AMOUNT _____        |         |         |

- I will attend the June 17-23 Camp at MILLIKIN UNIVERSITY in Decatur, IL  
Registration deadline is May 11th.
- I will attend the July 8-14 Camp at HEIDELBERG UNIVERSITY in Tiffin, OH  
Registration deadline is May 18th.

**FILL OUT THIS FORM COMPLETELY - ENROLL ME AS FOLLOWS:**

| ILLINOIS CAMP   | OHIO CAMP   | PAYMENT OPTIONS  |
|---|---|--|
| <b>Students:</b><br><input type="checkbox"/> Registration, room & board .....\$714.00<br><input type="checkbox"/> Upper Classman Housing (option)<br>University Air Conditioned Apartments...\$792.00<br>(Quads- 2 baths)<br><b>Directors:</b><br><input type="checkbox"/> Registration, room & board .....\$792.00<br>Woods Apt. Housing<br><b>Students and Directors:</b><br><input type="checkbox"/> Registration Only .....\$463.00 | <b>Students and Directors:</b><br><input type="checkbox"/> Registration, room<br>& board..... \$714.00<br>(double occupancy)<br><input type="checkbox"/> Registration Only ... \$463.00 | <b>PLEASE CHARGE</b><br><input type="checkbox"/> \$150.00 Deposit Only<br><input type="checkbox"/> \$463.00 Registration Only<br><input type="checkbox"/> \$714.00 Full Registration (Room & Board)<br><input type="checkbox"/> \$792.00 Illinois Director and Student Apt Housing<br><input type="checkbox"/> \$ _____ Another Amount (explain)<br><input type="checkbox"/> VISA/MASTERCARD <input type="checkbox"/> PERSONAL /SCHOOL CHECK<br>Card # _____<br>Exp. Date _____ CVV # _____ Zip Code _____<br>Name on Card _____ |

Name (please print clearly) \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Participant Phone (    ) \_\_\_\_\_ Participant Email \_\_\_\_\_

Student or Director     Male     Female    T-Shirt size (circle one) Adult - S M L XL XXL

Name of School \_\_\_\_\_ School Phone (    ) \_\_\_\_\_

Preferred Roommate \_\_\_\_\_

| STUDENTS ONLY  | DIRECTORS ONLY  |
|--|---|
| Age _____ Birthdate ____/____/_____<br>(at time of camp)<br>H.S. graduating class of _____<br>Parent/Guardian Name _____<br>Parent Phone (    ) _____<br>Parent Email _____<br>Director's name _____ | Bringing a group to IL or OH? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Director's Discount:</b><br>Bring eight or more students from your school and one Director<br>receives a \$300 Discount off director's registration.<br>Bring ten or more students from your school and one Director<br>receives full camp registration free.<br><br><b>GRADUATE CREDIT AVAILABLE</b><br>Paid on day of registration |

• All registrations must be accompanied by a \$150.00 deposit  
**NO REFUNDS OF DEPOSIT AFTER THE DEADLINE DATES.**

• Check or money order payable to **Showchoir Camps of America, Inc.**

**RETURN REGISTRATION AND \$150.00 DEPOSIT TO:**

Showchoir Camps of America, Inc.  
P.O. Box 583, Naperville, IL 60566

Please duplicate this form for additional registrations.

For more information: [info@showchoircamps.com](mailto:info@showchoircamps.com) • 630.663.4500 • [www.showchoircamps.com](http://www.showchoircamps.com)

LAST NAME

FIRST NAME