



The Lit Center
AT THE MARGARET MITCHELL HOUSE

Winter 2010 Youth Writing Workshop Registration Form

Please read and complete all portions of this registration form. For questions, email MEisenhart@AtlantaHistoryCenter.com or call 404.814.2063. Mail forms to Atlanta History Center, Attn: Winter Youth Writing Workshops, 130 West Paces Ferry Road, Atlanta, GA 30305 or fax to 404.814.2041.

Stranger Than Fiction

Sundays, January 31 – February 28 (ages 10-14)

Registration required by January 22, 2010

PARTICIPANT INFORMATION

Name: _____

Age: _____ Grade: _____ School: _____

FAMILY INFORMATION

Parent(s) name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent 1 Home: _____ Cell: _____

Parent 2 Home: _____ Cell: _____

Email: _____

TRANSPORTATION INFORMATION

Other than parents, is anyone else permitted to pick up student? Yes No

Name: _____ Phone: _____

PAYMENT INFORMATION

Stranger Than Fiction \$225 member \$250 nonmember

Total amount due: _____

Method of payment: Cash Check Visa MC AMEX Discover

Card # _____ Exp Date: ____/____

Signature (credit card payment): _____

Cost includes: Snacks and all writing supplies

Cancellation Policy: No refunds will be given for cancellations less than two weeks prior to the start of class. Any cancellation or change made more than two weeks before the first day of class carries an administrative fee of \$25; if you withdraw before this two-week deadline, you will receive a refund less the \$25 fee.

Workshop Location: All workshops take place at the Margaret Mitchell House, 990 Peachtree Street, Atlanta, GA 30309

Send forms with payment to:

Atlanta History Center
Attn: Winter Youth Writing Workshop
130 West Paces Ferry Road
Atlanta, GA 30305

Or fax to 404.814.2041.

YOUTH CREATIVE WRITING PROGRAM

Release Form

HEALTH INFORMATION

Student's Name: _____

Workshop: _____

Parent(s) name: _____

Special Needs: Please inform us of any health & dietary restrictions, allergies, etc.

Emergency Information:

Emergency contact: _____ Phone: _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Health Plan: _____ Phone: _____

Member ID#: _____

Prescription Medication Authorization:

Please note that all medication must be in its original container with student's name and directions attached. The Margaret Mitchell House is authorized to give my child the following medication: _____

First Aid Authorization:

The Margaret Mitchell House is authorized to give my child (name appears above) first-aid treatment for minor abrasions, minor ailments, insect bites and stings with non prescription medications such as Benadryl or Tylenol. YES NO

PARENT AUTHORIZATION

I hereby give consent for my child to participate in the 2009 Fall Creative Writing Workshop at the Margaret Mitchell House and all activities unless I advise you in writing. I give permission for the Margaret Mitchell House to use any photograph my child is in for promotional material. If an emergency situation arises and I can not be reached by phone or if the situation appears to require immediate emergency attention, I grant my permission for the Margaret Mitchell House to contact 911 and secure treatment for my child.

Parent signature: _____ Date: _____