

# WHAT'S ON THE MENU?

## A CULINARY CAMP EXPERIENCE

AGES:

12-18

DATE:

June 20th-22nd 2018

TIME:

8:30AM-3:30PM

(Early and late pick-up available)

LOCATION:

CULINARY CLASSROOM AT  
WINDOVER HIGH SCHOOL



SEE REVERSE SIDE FOR APPLICATION

PRICE: \$185 PER CHEF

COVERS: CAMP SHIRT, MEALS, SUPPLIES

SCHOLARSHIPS AVAILABLE



2018 Theme:

International Cuisine

Asian

Mediterranean

Latin

Italian

DEADLINE TO REGISTER: MAY 25TH 2018

FOR MORE INFORMATION OR TO SUBMIT AN APPLICATION CONTACT

KRISTEN SANBORN

[KSANBORN@MIDLANDESA.ORG](mailto:KSANBORN@MIDLANDESA.ORG)

989-631-5892 EXT. 115



# WHAT'S ON THE MENU

## SUMMER CAMP APPLICATION

*Applications must be submitted by May 25th 2018*

Camper First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grade Entering Fall 2017: \_\_\_\_\_ School Name: \_\_\_\_\_  
T-Shirt Size (Adult):  Small  Medium  Large  XL  XXL  XXXL

**Date:** June 20th – June 22nd 2018

**Time:** 8:30am – 3:30 pm (Drop-off: 7:45am - 8:30am/Pick-up: 3:30pm - 4:00pm)

**Location:** 919 Smith Road, Midland, MI 48640

**Camp Registration Fees: \$185 (Includes lunch)** (Payment is due at the time of application)

\* Please make check/money order payable to Midland County ESA and include your camper's name on the check.

NOTE: A **limited number** of scholarships are available for those who need assistance and will be awarded at the discretion of the Midland County ESA. Applications are available by contacting Kristen Sanborn at [ksanborn@midlandesa.org](mailto:ksanborn@midlandesa.org).

**Participant Liability Agreement:** By signing below, participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of sponsors, participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity. Further, participant (or parent/guardian) promises to hold the sponsoring organizations and their representatives harmless for any injury sustained during the time involved for the activity. If a dispute over this agreement or any claim for damages arises, the participant parent/guardian agrees to resolve the matter through final and binding arbitration. Please check one:  **I Agree**  **I Disagree**

**Photo/Video Release:** I give my permission for MCESA/Windover to take pictures, video or audio of my child/ward for future publicity purposes related to the camp.  Yes  No

**Medical Authorization:** Is the participant covered by health insurance?  Yes  No

If yes, name of insurance provider: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Is the Midland County ESA authorized to approve medical treatment?  Yes  No

Parent/Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address if different than student: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**Please return all applications and payment to:** Midland County ESA, Attn: Kristen Sanborn  
3917 Jefferson Ave., Midland, MI 48640

