Chinese Summer Camp for 7th -12th Grade Students

- Presented by The University of Akron Confucius Institute
- Learn Chinese language, art, history, sports, calligraphy and more.
- Friday Field Trip to Cleveland’s Asia Town

Date: July 16-20, 2012
Time: 9am to 1pm
Location: UA Lakewood
14725 Detroit Ave Lakewood
Cost: $160 per student
Registration Deadline: May 31, 2012

Send Application and $160 to:
The Confucius Institute
The University of Akron
Quaker Square, Suite 307
Akron, OH 44325-9003

Questions?
Contact:
330-972-2013
nee@uakron.edu
www.uakron.edu/ci
Complete a separate form for each child.

First Name: ____________________________________________________________

Last Name: ____________________________________________________________

Street Address: _______________________________________________________________________________________

City: __________________________ State: ____________ Zip Code: ________________

Email: _______________________________________________________________________________________________________

Home Phone: __________________________ Alternate Phone: __________________________

Age: ____________ Grade in 2012-2013 School Year: _____________________________

School you will attend in the 2012-2013 School Year: _______________________________________________________

T-Shirt Size:       AS  AM  AL

Payment Information

Chinese Summer Immersion Camp is $160. Please send check made payable to Confucius Institute, The University of Akron by May 31, 2012. Note: Camp enrollment will close once we have reached our maximum number of campers.

Mail Checks to:
Confucius Institute, The University of Akron
Nancy Easterling
Quaker Square, Suite 307
Akron, OH 44325-9003

Emergency Medical/Contact Information:

Full Name: __________________________________________________________ Relationship: __________________________

Address if different from camper: __________________________________________________________________________

City: __________________________________________________________________________________________ State: ______________ Zip Code: ______________

Home Phone: __________________________ Emergency Phone: __________________________

Physician: __________________________ Phone: __________________________

Dentist: __________________________ Phone: __________________________

Hospital: __________________________ Phone: __________________________

This is to verify that I assume responsibility for medical expenses that might occur.

Parent Signature: ______________________________________________________________________________________