

Jostens Show-Me Workshop

June 13-14 @ Webster University



Registration deadline June 6

Name: _____

Home Address: _____

City, State, Zip: _____

Cell Phone: () _____ Email: _____

School: _____ Graduation year: _____

Please Select One Track: (**LAPTOPS encouraged for General/Adviser tracks**)

A General (Theme/Layout Pro/Monarch) **B** Photography

C New Adviser Track (with general Layout PRO and photography training)

Workshop T-Shirt Size: small medium large XL XXL

	No.	Amount
1. Student/Adviser Commuter- \$175: includes W & Th lunch, registration & materials, t-shirt	___	___
2. Student/Adviser On Campus- \$225 includes above plus one-night lodging (excluding linens)	___	___
3. Arriving the night before?- Additional \$50 per person	___	___
4. Every 5 students, get one FREE camp tuition for student or adviser	___	___
	TOTAL:	___

Register online: jostensyearbookcamp.com, Venmo @Jace-Dumont OR

Make checks payable to: Show Me Workshop | Payment due by June 6, 2022

Send to: Jace Dumont, 73 Santa Anita Dr. Maryville, IL 62062

jace.dumont@jostens.com • 1-618-977-0058

Release Form

In consideration of the educational opportunity provided the above named student or adult, we the parent(s), legal guardian(s) or spouse of the above named person or myself, do hereby hold harmless, release and forever discharge Jostens, Inc., the named Jostens Sales Representative(s), the college at which the workshop described will be held, and their officers, agents and employees from any and all claims, demands, liability, actions, causes of action, attorney fees and expenses on account of damages to personal property or personal injury, which may result from causes beyond the control of, and/or without the fault or negligence of Jostens, Inc., the named Sales Representative(s), the college at which the workshop will be held at and their officers, agents and employees, during the workshop.

We also give permission that medical attention be administered to the above named or myself in case of emergency. I/we understand that any medical assistance of a more serious nature will be brought to our/my attention as conditions permit.

Insurance Carrier

Policy Number

Business/Daytime Phone

Signature of Parent or Guardian

Date