

Eagle Eye Summer Institute -Soaring for Wisdom –Registration Form
May 16 – May 23, 2008
18 and older

Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
Cell number: _____
Facebook and or Myspace name: _____
Email _____
Date of Birth _____ Year of College _____ (if applicable)

Make Checks payable to: **Walsh University**
Return forms and registration payment (\$300.00) to:
Cathy Whalen, Coordinator of Eagle Eye Registration
Walsh University
2020 East Maple St.
North Canton, OH 44720
Office: 330-490-7380 Fax: 330-490-7087 cwhalen@walsh.edu

Emergency Contacts:

Parent(s) Names _____
City _____ State _____ Phone _____
Other contact:
Name _____
Relationship (ie. friend, relative, neighbor) _____
City _____ State _____ Phone _____

- 1) Please indicate if you have any special dietary needs for our cooks:
- Food Allergy. Please list: _____
 - Other Dietary Needs. Please indicate: _____

2) Please indicate if you have any other special needs, disabilities, etc.:

This information is for emergencies only and will be kept strictly confidential. It will be given to the camp director only.

The following items are **optional** for participants, but necessary for the program to function!
Please check if you can lend talent:

Music (for liturgy, worship, fun around campfire): _____

- Singing (for Liturgy or fun) _____ • Piano _____
- Guitar _____ • Other Instrument (harmonica, flute, etc.) Please list: _____

Do you have a tent to share (if yes, please indicate how many people holds) _____

Tee shirt size _____

Registration Fees

Full Registration: **\$300 (return check with this form)**

-includes overnight lodging and meals for 7 days, all recreational activities, wilderness trip, philosophy and theology classes, and course materials