

# POWER

of

# Y

yes  
you  
yearbook

Team Price  
Yearbook  
Camp

**When:**

**JUNE 22nd and 23rd 2023**

**Where:**

**TBD**

**Cost:**

Student - Single Registration \$125 Per Student

Student - 4+ students \$100 Per Student

Adviser Registration: \$50

\* After June 9th, 2023 there is a \$25 late fee per a person.

\*\*In an effort to reduce the cost of the workshop for attending schools, we will offer a special rate of \$100 per a person for four or more students.

**How to Register:**

Please register on-line at [www.yearbooknerds.com](http://www.yearbooknerds.com) and send payment to:

**Rianne Price  
12850 Tradition Trl.  
South Lyon, MI 48178**

You may also fill out the included registration form and send it in with your deposit.

**How to pay:**

We can accept personal checks, money orders, and school checks made payable to RIANNE PRICE.

We cannot accept checks made out to Jostens and will return any Registration forms that come with a check made out to Jostens.

**Agenda**

**Day 1**

Thursday June 22nd - 8:45 AM - 3:00 PM

Check in begins at 8:30 AM

Day 1 is wrapped around theme development and planning the content for your yearbook.

**Day 2**

Friday June 23rd - 8:45 AM - 3:00 PM

Day 2 focuses on verbal and visual aspects of the yearbook including design and typography. The verbal emphasis focuses on caption, story and headline writing. Marketing strategies.

**Register Here**

Scan QR Code or visit [yearbooknerds.com](http://yearbooknerds.com)



**Absolutely all information must be complete for your registration to be processed.**

**Please fill out this form and print neatly or register on-line at  
www.yearbooknerds.com**

**Send \$50 non-refundable deposit or payment in full with this form.**

**Checks must be made payable to "Rianne Price" or your registration and deposit will be returned.**

**Your Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Adviser Name** \_\_\_\_\_

**Photography Track**    **Design Track**

**New Adviser Track**

**T-shirt Size (CIRCLE ONE): SM - MD - LG - XL - XXL**  
Default will be a large T-Shirt

**CHECK THE BOX THAT APPLIES:**

Please be sure to send in your form and deposit by the due date. There is a \$25 late fee per a person after June 9th, 2023

**Student - Single Registration \$125**

**Student: 1 of 4+ staff members attending \$100**

**I am registering as an Adviser \$50**

**Release Form- Send with a check on First day!**

**This form must be completed for each student.**

**Emergency Contact:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Alternate #:** \_\_\_\_\_

**Payment Information**

All checks, money orders, or purchase orders must be made payable to "Rianne Price" or your Registration and deposit will be returned to you. Please put your name and school name in the memo portion of your check. School purchase orders will only be accepted until June 10th. Final payment due in full no later than Friday, June 24th.

Registration and check-in begins Thursday, June 23rd at 8:30 AM. Checkout time is Friday, June 23rd at 3:00 PM. No refunds are available after June 9th.

However, another student may be substituted by contacting one of the coordinators.

Late Fee is \$25. After June 9th, 2023.

In consideration of the educational opportunity provided, the above student or adult, I/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., All Jostens Representatives, Hosting school at which the workshop described herein 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. , all Jostens sales representative and employees, during the workshop.

I/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.

In case of emergency treatment is required, my/ our health insurance plan number and carrier are:

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy Number

I understand that the emergency contact will be notified as soon as such communication can be made.

\_\_\_\_\_  
Parent or Guardian Adult's Signature

\_\_\_\_\_  
Date

**Payment Plan : Made out to: RIANNE PRICE**

**Personal Check**

**School Check**

**Purchase Order**

**Mail Form and Payment to: Rianne Price  
12850 Tradition Trl  
South Lyon, MI 48178**