

# HEART OF AMERICA | SUMMER YEARBOOK & NEWSPAPER WORKSHOP

July 8-10, 2026 | University of Central Missouri | Warrensburg, Missouri

REGISTRATION DUE  
JUNE 1

One form per participant. Duplicate as needed.

## REGISTRATION CHECKLIST

1. Complete this registration form for each participant.
2. Pay for workshop. Two ways to pay:
  - Send School Purchase Order
  - Pay by check. Make check payable to **Heart of America Workshop**
3. Mail this form and payment to:  
John Kelley • 23680 W. 289th Terrace • Paola, KS • 66071

## QUESTIONS? CONTACT:

John Kelley | 816.805.1622  
john.kelley@walsworth.com

Alyssa Moses, CJE | 636.222.1427  
alyssa.moses@walsworth.com

Angie Howard | 417.437.3533  
angie.howard@walsworth.com

Tracy Tuley, CJE | 314.458.5643  
tracy.tuley@walsworth.com

## PARTICIPANT INFORMATION

Please print clearly

Name: \_\_\_\_\_ School: \_\_\_\_\_

- Male  Resident (staying overnight on campus)  Student  
 Female  Commuter (not staying overnight on campus)  Adviser

Personal Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Required to receive important workshop information and attachments

Roommate Preference: \_\_\_\_\_ Tshirt size: \_\_\_\_\_

Page Creation Software:  Online Design  Adobe InDesign Role on 2027 Staff: \_\_\_\_\_

## PAYMENT INFORMATION

- Student/Adult: resident, double room: \$345 x \_\_\_\_ qty. = \$ \_\_\_\_\_ Total
- Adult: resident, single room: \$385 x \_\_\_\_ qty. = \$ \_\_\_\_\_ Total
- Student/Adult: commuter: \$305 x \_\_\_\_ qty. = \$ \_\_\_\_\_ Total
- Late Fee (after June 1): \$30
- Discount for adviser bringing 4 or more students: -\$210

Registration is non-refundable after **June 26**, but you may substitute students.

A \$30 late fee per student will apply to registrations received after **June 1**, and will only be accepted if space is available.

**TOTAL DUE: \$** \_\_\_\_\_

- Check payable to Heart of America Workshop enclosed.  
 Check here if paying with Purchase Order PO# \_\_\_\_\_

## PARTICIPANT RELEASE

### ADULT SUPERVISION IS EXPECTED

An adviser or adult chaperone is expected to attend with the staff and be responsible for students attending. If you do not have an adviser or chaperone available to attend with your staff, please contact your sales rep to see if other accommodations can be made. Please indicate the name(s) of the adult(s) attending and providing supervision.

Chaperone/Adviser: \_\_\_\_\_ Chaperone/Adviser: \_\_\_\_\_

### IN CASE OF EMERGENCY NOTIFY

Name: \_\_\_\_\_  Parent  Legal Guardian  Other (specify) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Insurance policy name and number: \_\_\_\_\_

### EMERGENCY AUTHORIZATION

Believing that every precaution will be taken to ensure the safety of my child, I agree to his/her participation in the Heart of America Workshop understanding that they will be the primary responsibility of the adult chaperone named above. I agree to waive all claims against the leaders of this activity and officers, agents and representatives of the Heart of America Workshop. I authorize and give my consent to the adult leaders to obtain medical care as necessary for their health and welfare of the minor, provided under the supervision of a licensed physician or dentist, including and limited to diagnosis, anesthesia, treatment, surgery, medication, or to hospitalize or order injection for the above minor. I agree to be responsible for all costs. I authorize the adult leader to receive said custody of said minor upon completion of any treatments. I specifically instruct any treating health facility to surrender the physical custody of said minor to the adult leader. I certify that I am the parent or one of the parents, having legal custody, or the legal guardian of the minor named above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship:  Parent  Legal Guardian  Other (specify): \_\_\_\_\_