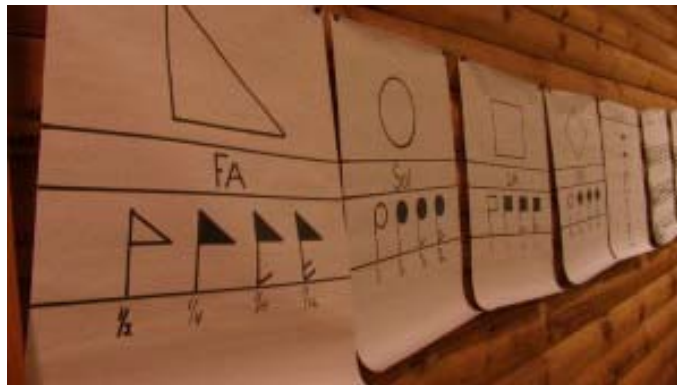




**Europe Session 2012: Monday, September 17th/4pm – Friday, September 21st/9am
Wichrowe Wzgorze, Chmielno, Poland**

The Sacred Harp Musical Heritage Association will hold the first ever *Camp Fasola Europe* for learning Sacred Harp singing, history, and traditions. Camp Fasola is open to both youth and adults, beginners and experienced singers. Multiple daily sessions will be devoted to teaching Sacred Harp singing, as well as times for recreation, rest, fellowship, and singing. All campers will be expected to perform some area of service during the week. Camp Fasola has been held annually in Alabama (USA) since 2003.

The camp fee covers four nights lodging and meeting rooms, eleven meals, snacks, t-shirts, lessons, and recreation activities. Sleeping quarters at Wichrowe Wzgorze (<http://wichrowe.info/en> or <http://wichrowe.info>) are lodge style with multiple sleepers per room. Reservations are available on a first come / first served basis. Parents must attend with their youth and would be responsible for youth campers under age 18 around the clock. Travel to camp is the responsibility of campers. The first Poland Sacred Harp Convention will be held in Warsaw following Camp on September 22nd and 23rd. Also, the UK Convention will be held near London the weekend before Camp, September 15th and 16th. A US tour group of singers is expected to attend all these events.



Preliminary Daily Schedule (Tue, Wed, Thu)

<i>Time</i>	<i>Activity</i>
8:00 AM	Breakfast
8:45 AM	Free Time
9:00 AM	Singing School Lesson
10:15 AM	Recess-Snack
10:30 AM	Recreation or Elective Lesson
12:00 PM	Lunch
12:45 PM	Rest
1:00 PM	Recreation or Elective Lesson
2:30 PM	Singing School Lesson
3:45 PM	Recess-Snack
4:00 PM	Singing School Lesson
5:00 PM	Recreation or Elective Lesson
6:00 PM	Dinner
6:45 PM	Free Time
7:30 PM	Class Singing
8:45 PM	Devotional
9:00 PM	Free Time
10:00 PM	Report to Quarters
11:00 PM	Lights Out

APPLICATION FORM – CAMP FASOLA EUROPE 2012
Wichrowe Wzgórze, Chmielno, Poland
September 17th – 21st

NAME _____ M__ F__ INSURANCE PROVIDER _____
 ADDRESS _____ INSURANCE POLICY NUMBER _____
 _____ DATE OF BIRTH _____ T-SHIRT SIZE _____
 NAME FOR BADGE _____ ALLERGIES/OTHER INFO _____
 PHONE _____ EMAIL _____
 EMERGENCY CONTACT _____ MEDICATIONS _____
 WHY YOU WANT TO ATTEND CAMP _____

Release for Medical Treatment and Liability and Agreement to Camp Rules

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the camper. Knowing that participation in camp activities may result in injuries, I/we hereby waive, release, absolve, indemnify and agree to hold harmless the Sacred Harp Musical Heritage Association, Wichrowe Wzgórze, their affiliated organizations, sponsors, employees, and volunteers, including the owners of the facilities utilized for the activities from any claim by or on behalf of the camper arising out of any injury whether the result of negligence, or for any cause as a result of the camper's participation in the programs and /or being transported to or from the same, which transportation I hereby authorize. I agree to follow safety and participation rules of Wichrowe Wzgórze and Camp Fasola.

Camper Signature: _____ Date _____

NAME _____ M__ F__ INSURANCE PROVIDER _____
 ADDRESS _____ INSURANCE POLICY NUMBER _____
 _____ DATE OF BIRTH _____ T-SHIRT SIZE _____
 NAME FOR BADGE _____ ALLERGIES/OTHER INFO _____
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Camper Signature: _____ Date _____

CAMP FEE: # _____ * \$400 = \$ _____ <or> * 1200 PLN = _____ PLN TOTAL FEES = \$ _____ <or> _____ PLN

Pay in U.S. Dollars by PayPal at <http://CampFasola.org> or by check payable to *SHMHA Camp Fasola* and mail to the U.S. address below.

Pay in Polish Zloty by PayPal (account: kuba@choinski.pl) or bank wire (account number / IBAN - 95 1140 2004 0000 3502 0317 7130 / Account holder's name: Jakub Choinski / Bank Identifier Code (BIC): BREXPLPW) and enter your name as a reference note with payment.

ROOMMATE REQUEST: _____

COMMENTS: _____
