Europe Session 2012: Monday, September 17th/4pm – Friday, September 21st/9am
Wichrowe Wzgórze, 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 Wzgórze (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)

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

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:  ______________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Camp Fasola Website: CampFasola.org
General Information: Camp Fasola   |   1239 Newbridge Trace   |   Atlanta, GA  30319   |   Camp@fasola.org   |   404.237.1246
Poland Information for Fees Payment in PLN:   Kuba Choinski   |   kuba@choinski.pl   |   +48 602 777 669