



Japan-America Society of Central Ohio
セントラル・ハイランド日本協会

JAPAN-AMERICA SOCIETY OF CENTRAL OHIO JAPANESE LANGUAGE SUMMER CAMP

2008

*Do you want to learn basic Japanese conversation?
Do you want to learn Japanese characters?
Do you want to learn about Japanese culture?*

Sign up for our language camp!

This class is designed to provide local children and students with opportunities to learn basic Japanese language and culture. The class is designed to be fun and interactive. Class size is limited to 15 and there must be at least 8 to run the class.

If the applicants are less than 8, the class will be canceled.

**Classes held at Dublin Community Recreation Center
(5600 Post Rd., Dublin, OH 43017)**

Group 1: for elementary school children ages 5-7 (July 14 – July 18)

Group 2: for elementary school children ages 8-11 (July 21 – July 25)

Group 3: for middle/high school students ages 12-17 (July 28 – August 1)

All classes run for 5 days (Monday through Friday), 9:00 am – 12:00 pm (3 hours)

No JASCO membership is required and learning materials are provided.

Fee for JASCO Members: \$110.00

Fee for Non-JASCO members: \$135.00

(Membership will be applied for individual members as well as immediate family members of JASCO corporate member employees.)

***Registration is not completed until payment is received.
Registration on first come first serve basis.***

Applications need to be in by Monday, June 30.
Contact JASCO at 614-292-4002 for more information.





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Application

Please complete and return via mail or fax to JASCO
By Monday, June 30, 2008

310 Oxley Hall, 1712 Neil Ave.
Columbus, Ohio 43210
Phone: 614-292-4002
Fax: 614-292-7589

Child/Student Name: _____ (Male / Female) Age: _____

Parent Name: (Mr./Ms.) _____

E-Mail: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____
Street City State Zip

Class to Attend: ___ Group 1 (7/14 - 7/18), ___ Group 2 (7/21 - 7/25), ___ Group 3 (7/28 - 8/1)

Membership: ___ Individual Member
___ Corporate Member (Company Name: _____)
___ New/renewing
___ Non-member

\$ _____ Fee

\$ _____ Membership dues

\$ _____ **Total due**

Payment Method:

___ Cash ___ Check ___ Credit Card ___ Invoice

Credit Card Type: () VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____ (3 digits from the back of the card)
Month Year

