



Washington Little Theater Company's

# Summer Drama Camp

	Lessons:	Performances:
<b>Dates:</b>	June 6-10, 9am-3:30pm June 13-17, 9am-3:30pm Grades 3-6 at 9am-12, Grades 7-12 at 12:30-3:30pm	June 17 <sup>th</sup> , 7:30pm June 18 <sup>th</sup> , 7:30pm June 19 <sup>th</sup> , 2:00pm

**SUMMER DRAMA CAMP:** Open to school aged children from 3<sup>rd</sup> through 12<sup>th</sup> grade who are interested in all aspects of theater production from backstage crew to frontstage leading roles. Over the course of two weeks, children will learn basic interactive performance techniques from qualified theater professionals in preparation for week two's rehearsal and production of a children's play starring all drama camp participants.

**Please Note:** Campers are required to attend ALL days of camp and participate in ALL culminating performances.

**Camper Fee\*:** The cost is \$85 per child or \$75 for children whose parent or grandparent is a member of the theater. Additional children from the same family are only \$75 each.

\* *The WLTC Board is dedicated to bringing the performing arts to all interested young people. To aid in this, we offer a limited number of full camp scholarships each year for those needing financial assistance. Please contact us for more information.*

**Please make check payable to:** **The Washington Little Theater Company**  
**P.O. Box 803, Washington, GA 30673**

**Instructions:** Please clearly print all information, using one form per child. Registrations must have a parent's signature. Camp Fees are due upon registration. Forms & Fees must be received NO LATER than May 15<sup>th</sup>. Refunds will not be given after May 15<sup>th</sup>.

<b>Child's Name:</b> _____	<b>Age &amp; Gender (M/F):</b> _____									
<b>School Name:</b> _____	<b>Grade this Fall:</b> _____									
<b>Child's Address:</b> _____										
<b>Daytime/Cell Phone #:</b> _____	<b>Evening/Home Phone #:</b> _____									
<b>Emergency Contact Name:</b> _____	<b>Emergency Phone #:</b> _____									
<b>Parent's E-Mail Address:</b> _____										
<b>Allergy / Medical:</b> _____										
<b>Child's T-Shirt Size:</b> (Circle One)	<table> <tr> <td>Youth Small</td> <td>Adult Small</td> <td>Adult XL</td> </tr> <tr> <td>Youth Medium</td> <td>Adult Medium</td> <td>Adult XXL</td> </tr> <tr> <td>Youth Large</td> <td>Adult Large</td> <td>Adult XXXL</td> </tr> </table>	Youth Small	Adult Small	Adult XL	Youth Medium	Adult Medium	Adult XXL	Youth Large	Adult Large	Adult XXXL
Youth Small	Adult Small	Adult XL								
Youth Medium	Adult Medium	Adult XXL								
Youth Large	Adult Large	Adult XXXL								

If you would like additional shirts, please indicate sizes and add \$20 per shirt:

I, \_\_\_\_\_ the Parent/Guardian of \_\_\_\_\_, a minor, would like to enroll them in The Washington Little Theater Company's Summer Drama Camp. I agree to assume all risks to my child's person or property while participating in this program. I hereby do waive, release, absolve, indemnify, and agree to hold harmless, The Washington Little Theater Company, and any representative thereof, against any injury to person or property arising out of this registration and my child's participation in this activity. I acknowledge and authorize that pictures and/or video of my child may be taken during camp for publicity and archival purposes.

I understand that by participating in the camp, my child must attend all days of camp and participate in all performances and I will make sure my child arrives on time and is picked up promptly each day.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_