



Washington Little Theater Company's

2024 Summer Drama Camp

	Lessons:	Performances:
Dates:	June 3-7, 9am-4pm	June 14 th , 7:30pm
	June 10-14, 9am-4pm	June 15 th , 7:30pm
	Grades 3-7 at 9am-12* Grades 8-12 at 1-4pm*	June 16 th , 3:00pm

** Final child placement is at the Director's discretion based on show casting requirements. Some children may be asked to move up or down a class or be offered dual-roles, as needed.*

SUMMER DRAMA CAMP: Open to children who have completed **3rd through 12th 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 a variety of performance techniques in preparation for week two's rehearsal and performance of an age-appropriate 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 season ticket holder. 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 partial and full camp [scholarships](#) each year through our Frank McGaughey Memorial Scholarship program for those needing financial assistance. Please contact us for more information.*

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

Instructions: Please clearly print all information, using one form per child. Please fill all fields. Registrations **must** have a parent's signature. Camp Fees are due upon registration. Please mail all forms & fees to be received **NO LATER than May 15th**. Refunds will not be given after May 15th.

Child's Name: _____ **Age & Gender (M/F):** _____

School Name: _____ **Last Grade Completed:** _____

Child's Address: _____

Daytime/Cell Phone #: _____ **Evening/Home Phone #:** _____

Emergency Contact Name: _____ **Emergency Phone #:** _____

Parent's E-Mail Address: _____

Allergy / Medical: _____

Child's T-Shirt Size: (select size)

<input type="checkbox"/> Youth Small	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult XL
<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult XXL
<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult XXXL

If you would like additional shirts, please indicate sizes and add \$15 per shirt:

By submitting this form, I, the undersigned Parent/Guardian of the above stated child, a minor, would like to enroll them in The Washington Little Theater Company's Summer Drama Camp. I agree that I have or will review the [camp rules](#) with my child prior to 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 obey camp rules, attend all days of camp, and participate in all performances**. I will make sure my child arrives on time and is picked up promptly each day.

Parent/Guardian Signature: _____ **Date:** _____