



Sundance Theatre Camp

Ages 5 – 14 Years

Session 1 (June 21 to July 2): FROZEN KIDS

Session 2 (July 12 to July 23): MATILDA JR.

Session 3 (July 26 to August 6): TBD

9:00AM – 3:00PM

A Note from the Director:

Each day the campers work at their own pace in a nurturing, supportive environment, while embracing and celebrating their individual talents. The STC model is specifically designed to help children understand the importance of ensemble work and respect for the process of building a production.

SCHEDULES & FEES: You may choose more than one session

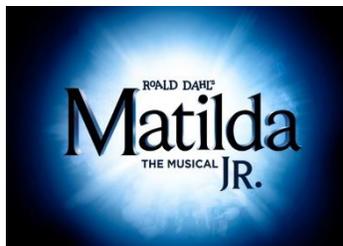
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|--|--------|
| <input type="checkbox"/> Session 1: June 21 – July 2 | \$ 850 |
| <input type="checkbox"/> Session 2: July 12 – July 23 | \$ 850 |
| <input type="checkbox"/> Session 3: July 26 - August 6 | \$850 |

TOTAL AMOUNT SUBMITTED WITH APPLICATION: \$ _____

Session 1



Session 2



Session 3



Child's First Name: _____ Child's Last Name: _____

Male Female **Birthdate:** _____

Address & Town: _____

Primary Phone: _____ This is a cell phone or home phone (check one)

Mother's Name: _____ Father's Name: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Email: _____ Father's Email: _____

STC is open from 9:00AM– 3:00PM.

Please let us know if your child has any medical, physical problems, allergies or special needs that should be considered or if you have any special recommendations:

If the school fees the services of a physician are required, the following physician is authorized to treat my child.

_____	_____
Name	Phone

In the event of a medical emergency and you are unable to contact either parent, I hereby give permission for my child to be given medical treatment by the rescue if necessary, and/or any other duly qualified medical personnel. If the school is unable to reach me by phone, the following individuals are authorized to take my child from school and to assume responsibility for my child in the event of an emergency.

_____	_____	_____	_____
Name	Address	Phone	Relationship to child

_____	_____	_____	_____
Name	Address	Phone	Relationship to child