



## Sundance Theatre Camp

### Ages 5 – 14 Years

Session 1 (June 19 to June 30)

Session 2 (July 10 to July 21)

Session 3 (July 24 to August 5)

#### A Note from the Director:

We are offering three 2-week sessions for our campers this summer. Our goal at STC is to introduce children to the world of musical theatre while providing them with a fun, safe, and enriching camp experience.

The positive atmosphere we create at STC helps our campers to feel welcome, accepted, and engaged from the very first day through the final performance on the last day. Over the course of the session, campers take acting, voice, and dance classes each morning. In the afternoons, they work in collaboration with our staff and their castmates to “put it all together” and bring the story to life on our stage! We have tons of fun, share lots of laughs, and create magical memories together.

**See you on stage!**

**SCHEDULES & FEES:** You may choose more than one session  
Camp hours are 9:00AM to 3:00PM

- |                          |                               |        |
|--------------------------|-------------------------------|--------|
| <input type="checkbox"/> | Session 1: June 19 – June 30  | \$ 850 |
| <input type="checkbox"/> | Session 2: July 10 – July 21  | \$ 850 |
| <input type="checkbox"/> | Session 3: July 24 – August 5 | \$ 850 |

**TOTAL AMOUNT SUBMITTED WITH APPLICATION:** \$ \_\_\_\_\_

**Please note:** Show selection will be determined based upon cast size and age range.

Show kits being considered: ALADDIN, SHREK JR, LITTLE MERMAID JR, MATILDA, PETER PAN

The STC teaching artists and I are so excited to offer our campers another magical summer on the Sundance Stage! We all believe strongly that participation in the arts helps children to grow in all areas of their development.

Ms. Joann

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: \_\_\_\_\_

**Sundance 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:

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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