

Youth Theatre Camps for 2017
Fourth Annual Season of Theatre Camps in Mahone Bay!

July 3-7 ~ Tales of Old ~ Age 6-10
July 10-14 ~ Once Upon a Time ~ Age 10-16
August 28-Sept 1 ~ Robin Hood ~ Ages 8-13

About the Program:

Participants will learn theatre skills including voice, movement, character development and auditioning skills. Camps include theatre games, team building activities and rehearsals for the final production.

*Tales of Old is specifically designed to be inclusive of children who do not yet read, however all reading levels are welcome!

Camp Director:

Colleen Hagen has been involved in theatre for 25 years and has instructed more than 30 weeklong youth theatre camps.

Camp Location:

Trinity United Church, 101 Edgewater Street, Mahone Bay

Camp Schedule:

Camp is Monday-Friday, 9:00-3:00, Performance on Friday at 2:30pm

Camp Fees:

First Registration: \$150

Each Additional Registration in same family: \$135 (10% discount)

Additional registration can be same camp, different child OR same child, different camp

Performance DVD's:

A DVD will be made of the end performance if requested by at least 10 families. The cost will be \$15 per copy. This cost goes directly to paying for the videographer with use of their equipment.

Contact Information:

Phone: Colleen Hagen: 902-624-0024

Mail: PO Box 182 Blockhouse NS B0J 1E0 (Cheque payable to Colleen Hagen)

Email: Registration and payment to nshagen@yahoo.com

Thanks!

Please keep this page for your information, and return the 2-page registration form with payment by mail or email.

**Mahone Bay Theatre Camps 2017
Registration Form**

	First Child	Second Child
Name (First & Last)		
Date of Birth		
Gender		
Health Card Number & Expiry		
Camps to register for:	<input type="checkbox"/> Tales of Old <input type="checkbox"/> Once Upon a Time <input type="checkbox"/> Robin Hood	<input type="checkbox"/> Tales of Old <input type="checkbox"/> Once Upon a Time <input type="checkbox"/> Robin Hood

Mailing Address _____

Email Address _____

Parent or Guardian #1 _____

Telephone (Day) _____ (Evening) _____ (Cell) _____

Parent or Guardian #2 _____

Telephone (Day) _____ (Evening) _____ (Cell) _____

Emergency Contact (Name & Tel #) _____

Emergency Contact (Name & Tel #) _____

Allergies/Medical conditions, if any (attach separate page if required)

Please list all persons who have permission to pick up your child after camp. In the case of participants age 12+ please make note if they are permitted to leave camp alone.

Is there any other information you would like us to have about your child?

A DVD will be made of the end performance if requested by at least 10 families. The cost will be \$15 per copy. Would you like to request a DVD copy of the performance?

Yes No

I give permission for my child(ren) to appear in group photos that will be distributed amongst camp participants at the end of camp.

Yes No

I give permission for photos of my child(ren) to be used for future camp promotions.

Yes No

Refund Policy:

Refunds will only be considered in the following two situations:

- (1) When notice is given at least 30 days prior to camp beginning, the family is entitled to a 50% refund
- (2) If during the camp week it is agreed by both the director and parent/guardian that the program is not a good fit, a 50% refund will be given for each day remaining in the camp.

Behaviour Expectations:

So that everyone can have a great week all participants, staff and volunteer are expected to show respect to one another and care for the facilities. Negative language, aggressive behaviours and damage to property are not accepted.

Medical and Property Loss Waiver:

Although theatre camp is a fairly low-risk program, it is acknowledged that accidents can happen. As a condition of registration, the participant and parent/guardian are solely responsible for any personal property lost and any injury, loss or damage sustained during the program. Should the participant be injured during camp time, medical treatment will be provided by a staff member with First Aid training.

By signing below, I acknowledge that I have read the information contained in the Registration Form and I agree with the content therein.

Signature _____ Date _____

Please select:

- I am enclosing full payment
- I will send an e-transfer for full payment within the next 7 days
- I will contact you with payment arrangements