## The Children's Theatre, Inc.

## REGISTRATION FORM FOR A TWO WEEK SUMMER DRAMA CAMP AGES: 8-12

Date: AUGUST 5-16 Monday through Friday (9:00 - Noon) \* Cost: \$75 per first child / sibling \$50

This summer camp for younger children will introduce them to theatre games, improvs, puppetry, movement, blocking, dramatic interpretation, musical theatre, and more.

A snack and bottled water will be provided, daily. Students may also bring their own snacks for our mid-morning break.

\*Children will perform a culminating activity to demonstrate what they have learned on the final Friday at lunchtime. (Exact performance time to be announced; free to family and friends at Reith Hall, 304 South Governors Avenue. We may also perform on August 13, at a City event on an outdoor stage. Again, the performance will be free.)

<b>Please print:</b> Name of Child:		Age:			
Birthday:		Boy/ Girl			
Name of Child:		Age: _			
Birthday:		Boy/Girl			
		StateZip			
Home Phone:	Work Phone:	Cell			
	Name of emergency contact				
Parent's email:					
*Parent's Signature: _					
*Your signature gives The or for the history of our org		ission to use images of your child for publicity			
Make checks payable The Children's 1 P.O. Box 823 Dover, DE 1990	·	re, Inc. and mail to:			
		19 Once the camp is filled, we will notify s met. (Determined by POSTMARKS)			
# Children:To	otal Payment	_Check # _			
Veteran theatre arts te artists.	acher, Sharon Crossen, v	will lead the camp assisted by guest			