

THEATER CAMP FOR KIDS 2008



WHEN: Monday, June 9 through Thursday, June 12
Thursday schedule will include evening performance at 6:30 p.m.

WHERE: Mt. Vernon High School Auditorium

REGISTRATION FEE: \$60.00

MORNING SESSION: 9:00 a.m. -12:00 p.m. for students entering grades 3, 4, 5 & 6

AFTERNOON SESSION: 1:00 p.m. -4:00 p.m. for students entering grades 7, 8 & 9

ACTIVITIES: Dramatic Reading
Costumes
Make-up
Voice Projection
Dance/Music
Blocking
Motivation
Animation/Body Language
Audition Techniques

**SPACES ARE
LIMITED SO
BE SURE TO
SIGN UP
EARLY!!!**

REGISTRATION FEE INCLUDES:
T-Shirt
Scripts
Instructional Materials

CAMP DIRECTORS:
Mr. Jim Miller, Auditorium Events Coordinator, Mt. Vernon High School
Ms. Erin Coatney, Graduate of SIU-Carbondale, Theater Department
Mary Beth Mezo, Dramatics Director, Mt. Vernon High School



Name: _____ Phone: _____ Age: _____

Address: _____ Upcoming Grade: _____ Male / Female (*circle*)

City: _____ State: _____ Zip: _____ Shirt Size: _____
(*Indicate Child or Adult size*)

*Make checks payable to: Mt. Vernon Township High School

*Due date: May 18th **Late fee: \$75.00

*Mail to: Mary Beth Mezo
320 S. 7th St.
Mt. Vernon, IL 62864

*Questions: 246-5313 (Mary Beth Mezo)

This camp is sponsored by & will be directed by MTVHS Drama Dept. & High School Student Thespian Troupe #804.

PARENTAL RELEASE AND INDEMNITY AGREEMENT

I request that you accept the application for enrollment of my child in the Mt. Vernon High School Summer Theater Camp for Kids sponsored by Thespian Troupe #804. In consideration of your acceptance of the application, I hereby release Mt. Vernon Township High School, all of its employees and student workers and volunteers from all claims on account of injuries which may be sustained by my child while attending this camp and I agree to indemnify Mt. Vernon Township High School, all of its employees and student workers and volunteers for any claim which may herein after be presented by my child for any such injuries. In the event of illness or injury I hereby give my consent for medical injections, anesthesia, or surgery. I will be responsible for any medical and/or other charges in connection with my child's attendance at the camp.

Student Name: _____

Parent Signature: _____

Date: _____



MEDICAL INFORMATION

Phone numbers:

Contact Person:

Please list any allergies or medical conditions:

