



FOUR COUNTY PLAYERS

Proudly Presents



SUMMER THEATER INTENSIVE CAMP

Come join us for our 3rd theater intensive camp! Join the fabulous Miller Murray Susen, director of *Little Women* and *Blithe Spirit*, as she uses this week to stage and perform a full production of a play *The Stinky Cheese Man and Other Fairly Stupid Tales!* Campers will be cast in parts on the first day, and have the week to learn their lines, explore their characters, and learn blocking. Miller will give you so many great acting lessons throughout the camp! This is a non-musical, so no singing or dance experience is required. Space is limited to 25 campers so register today! There will be a performance on Friday evening at 5:30PM for parents and friends to enjoy. Don't miss out on this great opportunity!

June 19 -23, 2017

9 AM – 3 PM Daily

(Friday 9 AM – 6:30 PM)

Entering 3rd Grade – Entering 8th Grade (2017-2018 Academic Year)

Cost: \$150.00

Four Directing Internships are available for entering 10th grade students.

Visit our website for complete details and a registration form.

www.fourcp.org

For further questions please contact Tres Wells, Vice President of the Arts at tresfourcp@gmail.com or Row Halpin, Theater Operations Director at 4countyplayers@gmail.com



Four County Kids Summer Theater Intensive Camp Registration

_____ Child's Name		_____ Grade (2017-2018 Academic Yr.)		M	F
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		_____ Sex	
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone		
_____ Address		_____ Email Address			
_____ City, ST ZIP Code		_____ T-Shirt Size			

I have enclosed my camp fee of \$150.00.
I have enclosed a deposit of \$50.00.
(all applications must include a deposit)
Please send me a scholarship application.

Spaces are limited, register today. Any cancellations need to be received in writing 2 weeks prior to camp. At that time fees will be refunded, minus a \$10.00 administrative fee. If cancellation is after that date, refund is dependent on enrollment.

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I give permission for my child to participate in the Four County Kids Summer Camp. I release Four County Players and individuals from liability in case of accident during activities related to the Summer Camp Program, as long as normal safety procedures have been taken.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I give permission for Four County Players to use images and videos of my child participating in camp activities for promotion of the Four County Kids program.

_____ Parent's/Guardian's Signature	_____ Date
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