

Mail before June 1 to:
Lois Carter
112 Alabama Ave
Lynn Haven, FL 32444
E-mail: ktplays@knology.net

Kaleidoscope Theatre Camp

Questions?
Phone: 850-265-3757
E-mail: ktplays@knology.net
Website: kt-online.org
If you cannot print this, visit our website
to download a Camp application

Camp Dates: June 14 – June 19, 8:30am – 2:30pm

Kaleidoscope Theatre will be offering a summer theatre camp for children entering 4th grade or above (2010/2011 school year). During the camp, children will be introduced to all aspects of theater including onstage and offstage techniques. Every child will be part of a production that will be presented on Saturday at 1pm. The cost of the camp is \$135 per child (\$110 for each additional child in the same family), and includes a T - shirt, daily snacks & drinks, and pizza lunch on Saturday. Campers bring their own lunch Monday – Friday.

Registration deadline is June 1 and limited to the first 48 applicants. Mail applications with payment made out to Kaleidoscope Theatre to Lois Carter, 112 Alabama Ave, Lynn Haven, FL 32444. For additional information call 850-265-3757, (leave a message) e-mail us at ktplays@knology.net or visit our website at kt-online.org. Campers must come to the performances on Saturday. Do not register if they cannot be there.

Child's Name _____ Birthdate _____ M ___ F ___ Grade (in Fall) _____

Parent/Guardian _____ E-mail _____

Address _____ City _____ St ___ Zip _____

Phone/Home _____ Cell _____ Work _____

Emergency Contact _____ Phone _____

Relationship to child _____

List any food/other allergies _____

List any medications we need to administer and when _____

T-shirt size: Child SM ___ Med ___ Lg ___ Adult Sm ___ Med ___ Lg ___ XLg _____
(Order carefully, shirts will be custom ordered and last minute size substitutions will not be possible)

For Costuming: General Clothing Size _____ Height _____

Camp payment: Check ___ Money Order _ Visa/MC # _____ exp date _____

Parent Signature _____

As parent/guardian, I give my permission for my child to attend the Kaleidoscope Theatre Camp at Kaleidoscope Theatre in Lynn Haven, Florida. In consideration of this opportunity to participate, I agree to hold Kaleidoscope Theatre, its staff, officers, directors, trustees, agents, and volunteers harmless from any and all claims and liability arising from illness, injury, and damages which may arise in the course of my child's participation. In case of emergency, Kaleidoscope Theatre has my permission to have my child transported to the nearest hospital. I have attached written instructions and give permission for Kaleidoscope Theatre to administer the above listed medication. I also give permission for my child to be photographed during camp activities and understand these photos may be used in promotional materials and viewed on KT websites. I understand that my address will be added to the Kaleidoscope database and I will receive information from the theatre. I can ask to be removed at any time, but removal may mean not being notified in a prompt manner for the next season.