

ALPS SUMMER DRAMA/THEATRE CAMPS

July 21-25, 2008 Session 1 and July 28-August 1, 2008 Session 2

All day theatre camps for ages 5 and up to be held at Athens Little Playhouse located in the Alps Village Shopping Center, next to Moe's.

Camp hours will be from 9:00 am until 5:00 pm with an early drop-off from 8:30 am until 8:45 am and late pick up until 5:30 pm ***with prior arrangements**. Activities include acting exercises, theatre games, skits and a program for parents on Friday at noon. The Instructors are Nonie Fox and Kelly Fields devoted grandmothers who met in the theatre program at Armstrong College in Savannah. They have been involved in theatre and teaching ever since.

Camp is \$125/week with \$25 deposit to hold space. A \$5 discount for siblings. \$30 single day fee for visiting friends or relatives is available.

To reserve a slot please complete information and return forms to the ALPS or mail to address below, with your check made out to "ALPS". Otherwise, registration may be completed on site, if slots are still available.

Student's Name (s): _____ DOB (s): _____

Session/s: _____

Address: _____ City & Zip: _____

(Parents)

Telephone: (H) _____ (W) _____ © _____

Parent/Guardian (s): _____

Emergency Contact: _____

Insurance info: _____

Email address (s): _____

Athens Little Playhouse is an instructional, as well as a theatrical production facility. Therefore, proper behavior is required. Your child will be expected to obey the rules and follow directions. We follow a 3 strike policy. You will be notified of any behavior problems and given the opportunity to correct the situation two times. A third incident may result in your child being terminated from the program with no fee refunds. * A \$10/hr babysitting fee will be charged for late pick ups after 5:00 without prior arrangements.

I release Athens Little Playhouse, Inc. and all staff and volunteers thereof, as well as any other facilities used by Athens Little Playhouse, Inc. from responsibility for any injury sustained while participating in any Athens Little Playhouse function. I permit Athens Little Playhouse staff to authorize medical care for my child(ren) in the event of an emergency.

Parent/Guardian signature: _____ Date: _____

Child signature: _____

(Office use only: Paid: _____ Ck# _____ Cash _____)