During Summer Camp, we will be working on basic theatrical skills using theater games, choreography, and vocal coaching while preparing for a fully staged production.

**CLASSES**: Monday – Friday, June 18-22 and June 25-29, 9AM – 2PM at Vineyard Community Church in the Sprayberry Crossing Shopping Center, 2692 Sandy Plains Rd. Marietta, GA 30066. This is open to any upcoming 4th graders – upcoming 8th graders. “Auditions” and casting will happen on Day 1.

**DISMISSAL:** Dismissal will take place in front of the church at 2PM daily.

**FEES:** The cost for the 2-week camp is $250, which includes production scripts, production CDs for learning music, cast parties, and over 50 hours of instruction. Fees may be paid online at www.littleactorsstudio.org by PayPal or Credit Card or by check to Little Actors’ Studio or cash. Cash or checks can be brought to 3071 Woodlake Ct. Marietta, GA.

\*20% of all fees go back to Vineyard Community Church.\*

**PERFORMANCE:** The performance will be on Friday, June 29 at 7PM at Vineyard Community Church.

**ADDITIONAL COSTS:** DVD recordings of the show will be available for $20 each. Tickets to the show are $10 each.

**TO REGISTER:** Fill out all the forms in the packet either on the website at www.littleactorsstudio.org or print them out and mail them to or drop them at:

Little Actors’ Studio

c/o Amber Lopez

3071 Woodlake Ct.

Marietta, GA 30062

And make your payment either online at [www.littleactorsstudio.org](http://www.littleactorsstudio.org) by PayPal or Credit Card or pay by check (made out to Little Actors’ Studio) or cash and mail to or drop off to Amber Lopez.

Enrollment is limited and registrations may be put on a waiting list. All registrations must be received no later than June 15, 2018. **Please do not send forms or checks to any school or church**. There will be no refunds after June 19, 2018.

**ATTENDANCE:** Attendance is a necessary part of producing a play. Excessive absences may result in recasting or removal from the production with no refund of the Participation Fee. Attendance is mandatory for all dress rehearsals and performances.

**QUESTIONS:** If you have any questions at all, you may email Amber Lopez at   
littleactorsstudio@gmail.com or call or text 770-374-5851. I will attempt to answer all emails within 24 hours. If you don’t have an answer within 24 hours, I may not have gotten your message.

**Information Sheet**

Student’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Gardian 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Phone Number 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Phone Number 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies or special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Costume Information**

We will provide all costume pieces except shoes.

Shirt size: (In numbers i.e. 10-12 & Letters i.e. S, M, L) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pants Size:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO/VIDEO RELEASE FORM**

I hereby give permission for images of my child, captured during Little Actors’ Studio Summer Camp 2017 through video, photo and digital camera, to be used solely for the purposes of Little Actors’ Studio promotional material and publications, and waive any rights of compensation or ownership thereto.

**Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Treatment Authorization Form**

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Parent / Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contract of Participation**

I agree to release, indemnify, and hold harmless Little Actors’ Studio and all staff, volunteers or contractors of Little Actors’ Studio, as well as Vineyard Community Church, and its employees, agents, or assignees, as well as its volunteers from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the named student below, or the student may have or may allege to have against Little Actors’ Studio or the Church Indemnities or which may be brought against Little Actors’ Studio or the Church Indemnities arising out of or in any manner relating to the student’s participation in this program, including but not limited to the rendering of emergency medical procedures or treatment.

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_