



now enrolling for

SUMMER CAMP

ACT * DANCE * SING

Improvisation, scene study, voice and movement, stage combat, theatre history, yoga, mask work, playwriting and more – the perfect summer break experience! Sign up your student for continued enrichment and involvement in the Sacramento Theatre Company’s Summer Break Camp! Camp faculty includes professional theatre artists and local teachers who lead students through a diverse curriculum that is based on teamwork, confidence building and creative expression. A perfect recipe for a fun and rewarding break!

Camps for K-8th Grade
(as of Fall 2017)

* Before- and After-Care Available
** Before-Care Available

Session 1: 6/12 - 6/16
ACT - DANCE - SING

(Grades 1-8)

Mon-Fri 9AM-5PM*
\$300, One Week

Session 2: 6/19-6/30
ACT - DANCE - SING

(Grades 1-8)

Mon-Fri 9AM-5PM*
\$600, Two Weeks

Session 3: 7/5-7/7
ACT - DANCE - SING

W-F 9AM-5PM* (Grades 1-4)
W-F 9AM-2PM** (Kindergarten)
\$250, Three Days

Session 4: 7/10-7/21
ACT - DANCE - SING

(Grades 1-8)

Mon-Fri 9AM-5PM*
\$600, Two Weeks

Session 5: 7/24-8/4
ACT - DANCE - SING

(Grades 1-8)

Mon-Fri 9AM-5PM*
\$600, Two Weeks

Session 6: 8/7-8/18
ACT - DANCE - SING

(Grades 1-8)

Mon-Fri 9AM-5PM*
\$600, Two Weeks

Session 7: 8/21-8/25
ACT - DANCE - SING

(Grades 1-8)

Mon-Fri 9AM-5PM*
\$300, One Week

Camps for 9th-12th Grade
(as of Fall 2017)

*** After-Care Available

High School Shakespeare
Camp: 6/19-6/30

Mon-Fri 1PM-5PM***
\$350, Two Weeks

High School Theatre
Camp: 7/10-7/21

Mon-Fri 1PM-5PM***
\$350, Two Weeks

High School Musical
Theatre Camp: 7/24-8/4

Mon-Fri 1PM-5PM***
\$350, Two Weeks

Register online at sactheatre.org or with form on reverse. For questions about any of our School of the Arts programs:

(916)446-7501 X 116 OR EDUCATION@SACTHEATRE.ORG

REGISTER ONLINE at www.sactheatre.org or ENROLL WITH THIS FORM & SUBMIT BY MAIL OR FAX (916-446-4066)

Due to limited class size, no place can be held without receipt of the ENTIRE PAYMENT. The enrollment fee will be returned if the Camp is full and the applicant cannot be admitted. Your signature also gives STC permission to use any class photos or writings for future STC marketing or promotional publications.

DISMISSALS: Any students whose behavior is deemed inappropriate by the STC staff will be given one warning and a parent notification. After that, he or she will be dismissed from the session with no refund.

REFUND POLICY: Our refund policy is designed to discourage last minute cancellations and to help families on the waiting list. Requests for refund of program fee must be made 14 days prior to the first day of classes/workshop. A \$50 administration fee will be subtracted from the total. **NO TUITION REFUNDS WILL BE MADE AFTER THIS TIME.** During the session, there is no refund for student illness, missed days, vacation, withdrawal, or if student is dismissed by teachers. Please allow ten working days to process refund.

Sacramento Theatre Company is an equal opportunity organization. Students will be admitted without regard to race, creed, gender, national origin or physical abilities.

Parent or Guardian's signature _____ Date _____

REGISTRATION FORM

Student's Name: _____ Gender: _____ Grade in Fall: _____ Age (current): _____ Birth date: _____

Address: _____ City _____ State: _____ Zip: _____

T-shirt Size (Child S/M/L or Adult S/M/L): _____ School: _____

Parent/Guardian Name #1: _____

Day Phone: (____) _____ Home Phone: (____) _____ Cell/Pager: (____) _____

Parent/Guardian Name #2: _____

Day Phone: (____) _____ Home Phone: (____) _____ Cell/Pager: (____) _____

Parents email address: _____

Please list email address. It will be the primary form of communication.

Are you a returning student? _____ How did you find out about STC? _____

Please consider including a tax-deductible donation for our scholarship fund: STC non-profit tax ID# 94-1347081 _____

Registration Fees: Credit cards accepted or make checks payable to Sacramento Theatre Company

Complete this form and mail with payment to: **Sacramento Theatre Company 1419 H Street, Sacramento, CA, 95814**

For credit card payment: ___ Visa ___ MasterCard ___ Amex
Card #: _____
Name on card: _____
Billing Address (if different): _____
Expires: _____ Security Code (3 or 4 digits on back): _____
Signature: _____

Session 1: 1 st -8 th 6/12-6/16 (\$300)	\$ _____
Session 2: 1 st -8 th 6/19-6/30 (\$600)	\$ _____
Session 3: K-4 th 7/5-7/7 (\$250)	\$ _____
Session 4: 1-8 th 7/10-7/21 (\$600)	\$ _____
Session 5: 1 st -8 th 7/24-8/4 (\$600)	\$ _____
Session 6: 1 st -8 th 8/7-8/18 (\$600)	\$ _____
Session 7: 1 st -8 th 8/21-8/25 (\$300)	\$ _____
High School Acting: 7/10-7/21 (\$350)	\$ _____
High School Musical Theatre: 7/24-8/4 (\$350)	\$ _____
High School Shakespeare: 6/19-6/30 (\$350)	\$ _____
Tax-deductible Donation	\$ _____
TOTAL PAYMENT AMOUNT	\$ _____

916-446-7501 ext. 116
education@sactheatre.org
www.sactheatre.org