

JOHN CARROLL HIGH SCHOOL
2017 THEATRE SUMMER CAMP

The Enchantment of Beauty and the Beast

CAMPERS MAY PRE-AUDITION

WEDNESDAY, MAY 24TH, 3:15 - 4 PM IN ROOM 401

TUESDAY, MAY 30TH - FRIDAY, JUNE 23RD

MAY 30TH - JUNE 2ND, 12 - 4:30 PM

JUNE 5TH - JUNE 23RD, 8 AM - 12:30 PM

SHOW: SATURDAY, JUNE 24TH

Reserve your space by emailing
PZalnoski@JohnCarrollHigh.com
or download the Registration Form from
www.JohnCarrollHigh.com

Age: 6 - 17 years old

Cost: \$325 (or \$95 per individual week);
\$25 sibling discount

There will be a \$50 non-refundable deposit
due by Friday, May 19th.

Please bring your own lunch/snacks



REGISTRATION

JCHS SUMMER THEATER CAMP 2017!

The Enchantment of Beauty and the Beast Children Ages 6-17

*Performances June 24

Director: Mrs. Zalnoski-McGeown (pzalnoski@johncarrollhigh.com)

The camp will end with students performing in a fully staged production!

MAY 30-JUNE 24 (4 weeks) Monday – Friday

May 30-June 2 / 12:00-4:30 June 5-23 / 8:00-12:30 (Bring lunch/snacks)

Campers may pre-audition Wednesday, May 24 3:15-5:00 room 401

This camp is designed for students new to theater or those with years of experience! It is also a great way for incoming freshmen to meet and work with many upper class theater students. (Ask about the special price for JCHS students!)

Theater fun including acting, singing, improvisations, crafts, set and prop construction, theater games, stage makeup, basic theater terms, and show rehearsal!

Cost: \$325 (or \$95 per individual week) (\$25 sibling discount!)

There will be a \$50 non-refundable deposit. (due by May 19)

Extended day/after care (12:30-5:15) will be offered to those taking part in the morning session June 5-23.

*Check here if interested in extended day: ___ all 3 weeks (\$165) ___ weekly (\$65 per week)

Name of Camper: _____ Grade: _____ Age: _____

Mailing Address: _____

E-Mail Address: _____

Parents/ Guardian Names: _____ Home Phone: _____

Emergency Day Phone: _____ Contact Person: _____

Medical Conditions/Special Instructions: _____

Special talents or abilities of camper: _____

We (parents/guardian) agree to provide medical insurance for our child during camp. In the absence of such insurance, we relinquish any claims for compensation insofar as John Carroll High School and its employees are concerned.

Parent/Guardian Signature: _____ Date: _____

Send your registration form to:

Mrs. Z. John Carroll HS 3402 Delaware Ave. Fort Pierce, FL 34547

Please make checks payable to: John Carroll High School