

Hill Country Arts Foundation is proud to present

2019 Summer Youth Theatre Camp

Monday - Friday 9 a.m. to 12 p.m.

With a 12:30p.m. recital on Friday

Please circle which age group your child is in, and which week you would like your child to attend

Ages 5-8

9-12

Teen

June 10-14, 2019

June 17-21, 2019

June 24-28, 2019

Campers will delve into all aspects of theatre including acting, music, movement, costumes, props, makeup, and sets!

Theatre camp at Hill Country Arts Foundation enables campers to grow, collaborate and express themselves artistically as well as socially, learning from master level instructors and experienced assistants.

Each camp session will culminate in a production on the last day of camp at 12:30 p.m.

\$125 per camper

\$100 each for siblings

Student 1: Name _____ Age _____

Parent/Guardian's Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Email _____

If paying by check, please make checks out to HCAF.

Full Name as it appears on Credit Card or Check _____

_____ Check # _____ Amount _____

MC Visa Amex DC Discover

Card # _____ Expiration (MM/YY) _____ CVV _____

Mail to HCAF, PO Box 1169, Ingram, TX 78025 or stop by and drop it off at:

120 Point Theatre Road South, Ingram, Texas.

The Point Theatre • Duncan-McAshan Visual Arts Center • Stonehenge II
120 Point Theatre Rd. S., Ingram, TX. 78025 • (830) 367-5121 • www.hcaf.com

Camp Teacher _____

HILL COUNTRY ARTS FOUNDATION – Youth Theatre Camp
Medical and Photo Release Form

CAMPER'S NAME _____ Age: _____

CAMP DATES ATTENDING: _____

PARENT'S NAME _____

ADDRESS _____

CITY, STATE ZIP _____

EMAIL _____

PARENT'S PHONE NUMBER DURING CAMP HOURS: _____

AN ALTERNATE NUMBER (FRIEND OR RELATIVE): _____

LIST ANY MEDICAL CONDITION OR ALLERGY THAT HCAF SHOULD BE AWARE OF DURING CAMP:

YOUR CHILD'S PHYSICIAN: _____

PHYSICIAN'S PHONE NUMBER: _____

PLEASE READ AND INITIAL TO GIVE PERMISSION FOR THE FOLLOWING TERMS:

_____ In the event that I cannot be reached in case of a medical emergency, I give my permission for the staff of HCAF to seek medical attention for my child.

_____ I understand that if my child demonstrates inappropriate behavior he/she will be dismissed from participation in Art Camp for the remainder of the week.

_____ I give permission for photographs taken of my child at art camp to be used in HCAF promotional displays and materials.

I GIVE PERMISSION FOR THE FOLLOWING PEOPLE TO PICK MY CHILD UP FROM ART CAMP.

PARENT SIGNATURE: _____ DATE _____

PLEASE PRINT NAME CLEARLY _____

Optional Ethnicity Information: *Granting agencies request ethnicity information of those served by HCAF. Please help us give an accurate report.*

American Indian/Alaskan Native

Asian

Hispanic

Native Hawaiian/Pacific Islander

Black

White

Multi-Racial