SUMMER CAMP 2017

Savannah Children's Theatre

2160 E. Victory Dr. Savannah, GA 31404

www.savannahchildrenstheatre.org 912-238-9015 camps@savannahchildrenstheatre.org

ON WITH THE SHOW at SCT from 9am - 5pm

Before/After care available from 8am - 6pm - $10/day $50 week.

Session 1 June 5 - June 18 Show weekend: June 16 - 18 **$500**
Rising 2nd - 8th grades **Full tuition due by May 22**
Choose one
_____ ***The Grunch (Who Stole Musical Theatre)***
_____ ***Disney's The Lion King Jr.***

Session 2 June 19 - July 2 Show weekend: June 30 -July 2 **$500**
Rising 2nd - 8th grades **Full tuition due by June 5**
Choose one
_____ ***Press Start, an 8-Bit Musical***
_____ ***Disney's Aladdin Jr.***

Session 3 July 10 - July 23 Show weekend: July 21- 23 **$500**
Rising 2nd - 5th grades **Full tuition due by June 26**
___ ***Disney's Sleeping Beauty Kids***
Rising 6th - Rising 8th
___ ***Disney's Alice in Wonderland Jr.***
Rising 9th - Graduating 12th grades
___***The Pajama Game*** (HELD AT SAVANNAH ARTS ACADEMY)

DANCE CAMP at SCT from 9am - 5pm

Before/After care available from 8am - 6pm - $10/day $50 week.

Session I May 29 - June 2 Show: June 2 **$250**
Rising 2nd - Graduating 12th grades **Full tuition due by May 15**
____ ***Dance Camp Nine and Three-Quarters***

Session II July 24 - July 28 Show: July 28 **$250**
Rising 2nd - Graduating 12th grades **Full tuition due by July 10**
_____ ***Game On!***

CREATIVE ADVENTURES at Savannah Country Day

Registration & payment at SCDS ONLY. Call (912) 925-8800 or go to www.savcds.org. 9am - Noon. Pre-K - 1st grade
Sessions: May 30 - June 2 & June 5 - June 9 **$150**

Please mail or drop off form in person. No emailed forms accepted. One form per camper. **Each registration form must include a $100 non-refundable deposit per camp**. Payments may be made on our website via the donation link. If registering after the full tuition due date, payment must be made in full. All camp balances are non-refundable starting the first day of camp. Total camp fees are due two weeks before the start of camp. All campers must bring their own lunch and drink. SCT provides a snack. Before/After care is $10 a day or $50 a week.

Camper_____Male__Female__New__Returning__

School (Fall '17) _____ Grade (Fall '17) _____DOB___/___/___Current Age____

Parents/Guardians_____

Address_____City_____State_____Zip Code_____

Place of Employment_____

Home#_____Cell#_____Work#_____

Primary Emails_____

Emergency # (Other Than Yourself)_____Name/Relationship_____

All camp registrations must be accompanied by a non-refundable $100 deposit. ___Check ___Cash ___CC

FINAL PAYMENT OF BALANCE IS DUE 2 WEEKS BEFORE THE CAMP SESSION START DATE. IF PAYMENT IS NOT RECEIVED BY THE DUE DATE, YOUR DEPOSIT IS FORFEITED AND THE SPOT IS MADE AVAILABLE TO THE NEXT PERSON ON THE WAITING LIST. BALANCE IS NON-REFUNDABLE AT THE START OF EACH CAMP.

Credit Card #_____

Expiration Date_____Security Code_____ Amount_____

Credit Card Signature_____Date_____

I give permission for my child to attend and participate in theatre events sponsored by The Savannah Children's Theatre. I acknowledge that by doing so, there is a possibility of physical injury to my child and I release the Savannah Children's Theatre, its operators, instructors and representatives for any and all damages my child may sustain or suffer while attending and participating in such events. I assume full financial responsibility for any treatment necessary in the event of personal injury. In addition, I hereby give my permission for emergency medical treatment, in the event I cannot be reached in a timely manner. I hereby acknowledge that ALL camp fees are non refundable. I understand that The Savannah Children's Theatre retains the right to use photographs of campers taken at SCT for publicity and advertising purposes.

*****Parent/Guardian Signature_____Date_____**

On the back of this form please list your camper's allergies, current medications, and any medical concerns.

Office use only: Cash_____ Check_____ Charge_____ Amount_____ Date_____Notes: