Who is eligible to attend this camp?

Any child from 6-16 years of age wanting to learn and enjoy theatre!

What will the week look like? What is the schedule?

Mail to: CHAPEL ON THE HILL ATTN. FUN IN THE SON N2440 ARA GLEN DR. LAKE GENEVA, WI 53147

This year's camp is the week of June $18^{th} - 22^{nd}$ and it will run 8:30am-3pm each day

8:30-9am - Welcome/Announcements/Breakfast snack

9-9:45am - Acting time (Activities/Games)

9:50-10:35am - Tech time (Costumes, Make-up, Set, Lights & Sound)

Snack Break

10:45-11:30am - Music time (learn music for the performance)

11:30-12:20pm - Dance time (learn choreography for the performance)

12:20-1pm - Lunch Break

1-3pm - Performance Rehearsal (music and blocking)

(Friday Only) 4pm - Final Performance, Followed by Reception

9am-12:20pm is designed to be a rotation. Campers will break into 3 groups based on age (6-8, 9-12, 13-16). Each session can then be altered to accommodate each age group's abilities.

How much will the camp cost?

Enrollment in the camp and reserving a spot will require \$100, paid in full, along with the attached registration form. Your spot is not guaranteed until you receive a confirmation email!

(Scholarships are available, contact the Chapel on the Hill office)

FAMILY DISCOUNT!

What's included in this fee?

SAVE \$25 with each additional child's registration Ex. 4 children=\$100+\$75+\$50+\$25

The \$100 fee includes: Lunch each day, a breakfast & mid-morning snack, a camp t-shirt, a keepsake wristband, water bottle, a script/song book, Sing-along learning cd, a "Weekbook" (yearbook with pictures of campers, instructors, activities, and room for signatures), and reserves your space in this limited event!

How do I sign up?

NLA 1 23; *After MAV 25, \$10 late fee ner child*

Complete the attached form, send it <u>with payment</u> to <u>Chapel on the Hill</u> (see upper right corner). WE HAVE A CAP OF 50 CAMPERS! REGISTER IMMEDIATELY BEFORE WE FILL UP!

Fun in the Son 2018 Registration Form

This form and	payment are due to the	Chapel o	n the Hil	l office by Friday , M	Iay 2	5 th			
NAME OF CAMPER:				AGE (as of June 18, 2018):					
T-SHIRT SIZE: (circle one)	YOUTH - XS	S M	L	ADULT - XS	S	M	L	XL	2XL
CAMPER'S FOOD ALLER	GIES:								
NAME/S OF PARENT/S:				PHONE:					
ADDRESS:				APT/UNIT:					
CITY:	STAT	ΓE:		ZIP CODE:					
EMAIL: (print clearly)									
PAYING WITH: Credit	Card* □ Cash	□ Checl	k – ma	ke checks payal	ole t	o Ch	apel	on th	e Hill
*Select card type:	$ \ \ \Box \ MasterCard \ \ \Box$	America	n Expr	ess					
*Name on Card									
*Credit Card Number									
*Expiration Date	CVS code†	•							