

2023 CAMP SHAKESPEARE REGISTRATION FORM

(Please complete separate forms for each student)

STUDENT NAME:		
(circle one) Male Female		
PARENT/GUARDIAN NAME:		
ADDRESS:		
CITY, STATE, ZIP:		
DAY PHONE:	EVENING PHONE:	
Parent/Guardian EMAIL:	DATE OF BIRTH:	CAMPER AGE:
SCHOOL NAME AND ADDRESS:		

CAMP SHAKESPEARE TUE-SAT Tuition: \$400.00 **Tue-Sat, 10:30am – 5:30pm**

I am paying: \$400.00 OR \$375.00 (for returning campers OR second student from same family)

CAMP SOUTHEAST KANSAS CITY _____

Ages 8-18

June 20 – July 1, 2023

Bruce R Watkins Cultural Center

3700 Blue Pkwy

Kansas City, MO 64130

Performance on site, July 1, 5:00 p.m.

CAMP SHAKESPEARE MON-FRI Tuition: \$400.00 **Mon-Fri, 8:30am – 3:30pm**

I am paying: \$400.00 OR \$375.00 (for returning campers OR second student from same family)

CAMP SOUTH KANSAS CITY _____

SHAKESPEARE UNLIMITED _____

Ages 8-14

June 5 – 16, 2023

Alexander Majors Barn

8201 State Line Rd

Kansas City, MO 64114

Performance on the Festival Stage,

June 17, 10:30 a.m.

Ages 10-14

July 3 – 14, 2023

Alexander Majors Barn

8201 State Line Rd

Kansas City, MO 64114

No Camp July 4.

Performance on site, July 15, 6 p.m.

HIGH SCHOOL CAMP Tuition: \$500.00 **Mon-Fri, 9:00am-3:00pm**

I am paying: \$500.00 OR \$475.00 (for returning campers OR second student from same family)

SHAKESPEARE EXPLORATION _____

Ages 14-18

July 17 – August 4, 2023

Alexander Majors Barn

8201 State Line Rd, Kansas City, MO 64114

Performance on site, August 4, 6 p.m.

PAYMENT INFORMATION:

____ Check enclosed. Make check payable to Shakespeare Education.

(Please put camper name(s) on memo line)

Credit Card (*Check type*) ____ Visa ____ MasterCard ____ Discover ____ American Express

Card #: _____ Expiration: _____ CVV# _____

Amount: _____ Signature: _____

I want to help other students attend camp! I included \$ _____ for the Floyd Walker Scholarship Fund. (This amount is tax-deductible. Heart of America Shakespeare Festival is a 501(c)(3) not-for-profit corporation registered in Missouri)

How did you hear about us?: ____ Previous Camper ____ KC Star Advertisement ____ KC Parent
____ iFamily ____ iTeen ____ KC Star Camp Guide ____ M Magazine ____ Camp Brochure ____
Friend/Family ____ Internet ____ Radio ____ Other (please specify: _____)

MEDICAL/EMERGENCY INFORMATION:

List any medication(s) and dosage student is required to take: _____

List any physical challenges, special needs or health issues: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Emergency contact _____ Relationship to Student: _____
(if different from parent/guardian):

Emergency Phone: _____

WAIVER AND PERMISSION:

My child has permission to participate in the activities of Camp Shakespeare, Shakespeare Exploration, Will's Players, Shakespeare Unlimited or Shakespeare Unbound. I understand that I will be responsible for the cost of any emergency medical care that may be necessary for my child while involved in these programs, and hereby consent to such emergency medical care. I understand that, in the case of any medical emergency, the teaching artists will contact the emergency contact listed as soon as possible.

The Heart of America Shakespeare Festival and its employees are not responsible for the loss of, nor damage to, any personal property brought by students to any classes, rehearsals, or performances.

I give permission to have photographs and/or videos taken of my child during the class, which may be used for the Heart of America Shakespeare Festival's promotional and archival purposes.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Questions? E-mail mrapport@kcshakes.org OR call 816-531-7728.

Please return completed Registration Form and payment to:

**Heart of America Shakespeare Festival
Attn: Matt Rapport, Director of Education
3732 Main Street, Kansas City, MO 64111
OR Email to mrapport@kcshakes.org**