

2024 CAMP SHAKESPEARE REGISTRATION FORM

(Please complete separate forms for each student)

STUDENT NAME:			
		(circle one)	Male Female NB/Other
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 ONE-WEEK INTENSIVE

Tuition: \$245.00 **Mon-Fri**

I am paying: _____ \$245.00 OR _____ \$220.00 (for returning campers OR second student from same family)

STG STUDIO | LEE'S SUMMIT _____

Ages 12-18

August 5 – 9, 2024

M-F, 9:00 a.m. – 4:00 p.m.

STG Studio

180 NW Oldham Pkwy

Lee's Summit, MO 64081

Performance on site, August 9, 6:00 p.m.

ENGLEWOOD ARTS | INDEPENDENCE _____

Ages 7-12

June 10 – 14, 2024

M-F, 8:30 a.m. – 3:30 p.m.

Englewood Arts

10901 E Winner Rd

Independence, MO 64052

Performance on site, June 14, 3:00 p.m.

☐ **ADD OPTIONAL \$75 FEE FOR LUNCH**

CAMP SHAKESPEARE TUE-SAT Tuition: \$400.00 **Tue-Sat, 10:30am – 5:00pm**

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 18 – 29, 2024

Bruce R Watkins Cultural Center

3700 Blue Pkwy

Kansas City, MO 64130

No Camp June 19.

Performance on site, June 29, 4:30 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 _____

Ages 8-14

June 10 – 21, 2024

Alexander Majors Barn

8201 State Line Rd

Kansas City, MO 64114

Performance on the Festival Stage,

June 22, 10:00 a.m.

SHAKESPEARE UNLIMITED _____

Ages 10-14

June 24 – July 6, 2024

Alexander Majors Barn

8201 State Line Rd

Kansas City, MO 64114

No camp July 4.

Performance on site, July 6, 6:00 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 15 – August 2, 2024

Alexander Majors Barn

8201 State Line Rd, Kansas City, MO 64114

Performance on site, August 2, 6:00 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 Parent _____ iFamily _____ iTeen
_____ 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, or Shakespeare Unlimited. 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