

# 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.**

## 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**

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

CAMP SOUTH KANSAS CITY \_\_\_\_\_

CAMP OVERLAND PARK \_\_\_\_\_

**Ages 8-14**

**June 10 – 21, 2024, 8:30am – 3:30pm**

Alexander Majors Barn

8201 State Line Rd

Kansas City, MO 64114

**Performance on the Festival Stage,**

**June 22, 10:00 a.m.**

**Ages 8-14**

**July 22 – August 2, 2024, 9:00am – 4:00pm**

Overland Park Arboretum

8909 W 179<sup>th</sup> St

Overland Park, KS 66013

**Performance on site,**

**August 2, 6:00 p.m.**

## **SHAKESPEARE UNLIMITED** \_\_\_\_\_

**Ages 10-14**

**June 24 – July 6, 2024, 8:30am – 3:30pm**

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 [mrappport@kcshakes.org](mailto:mrappport@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 [mrappport@kcshakes.org](mailto:mrappport@kcshakes.org)**