

2021 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 Ages 8-14 Tuition: \$350.00 **Camp day is Mon-Fri, 8:30am – 3:30pm**

I am paying: _____ \$350.00 OR _____ \$325.00 (for returning campers OR second student from same family)

CAMP SOUTH KANSAS CITY 1 _____

June 7 - 18

Alexander Majors Barn
8201 State Line Road
Kansas City, MO 64114

Performance on final day of camp, 6 p.m.

CAMP SOUTH KANSAS CITY 2 _____

June 21 - July 2

Alexander Majors Barn
8201 State Line Road
Kansas City, MO 64114

Performance on final day of camp, 6 p.m.

BROOKSIDE _____

June 7 - 18

St. Andrew's Episcopal Church
6401 Wornall Terrace
Kansas City, MO 64113

Performance on final day of camp, 6 p.m.

SHAKESPEARE UNLIMITED _____

July 5 - 16 – For returning campers ages 10-14

St. Andrew's Episcopal Church
6401 Wornall Terrace
Kansas City, MO 64113

Performance on final day of camp, 6 p.m.

HIGH SCHOOL CAMP

I am paying: _____ \$460.00 OR _____ \$435.00 (for returning campers OR second student from same family)

SHAKESPEARE EXPLORATION _____

Ages 14-18 Mon-Fri, 9:00am-3:00pm

July 12 - 30

Grant Hall, UMKC Room 307
5228 Charlotte Street, Kansas City, MO 64110

Performance on final day of camp

VIRTUAL CAMP SHAKESPEARE

Help your child connect with an artistic community of other kids this summer. Heart of America Shakespeare Festival is bringing its signature Shakespeare summer camps straight to your living room VIRTUALLY. Your camper will collaborate, create, learn language and presentation skills, build confidence, and HAVE FUN – ALL FROM HOME!

I am paying: _____ \$325.00 OR _____ \$300.00 (for returning campers OR second student from same family)

Ages 8 – 14. Camp day is Monday – Friday, 10 a.m. – 4 p.m.

Session 1 _____

June 14 – 25

Session 2 _____

June 28 - July 9

____ 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)

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**