



### The Purpose of Camp Melodrama

- Provide theatrical training for **ages 7-17** by highly qualified instructors including professional Melodrama performers.
- Strengthen self-discipline and cooperation with others
- Enhance creativity, communication and confidence
- Nurture personal self-esteem and satisfaction
- Cover all aspects of stage performance
- Sharpen public speaking skills

Each day will begin with a warm up where the students will participate in a group exercise or theatre game.

Each year the students have had the privilege to work with guest instructors in various areas of theater.

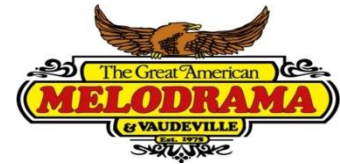
We will have a **30-minute lunch/snack break** each day at 11am please provide a snack/lunch and a water bottle each day.

### What We Are All About!

Now in its 24th year, Camp Melodrama has given exciting and creative summer experiences to hundreds of students as they learn about and create first-hand, the magic of live theatre. Camp Melodrama has the advantage of using working professionals in the area of theatre arts to bring real life experience to camp participants.

**Young Kids Camp** (ages 7-12)  
Geared towards children with an interest in theatre who wish to learn confidence, teamwork, and expand their imaginations. Acting, Improvisation, Movement, Dance, Team Building

**Conservatory Intensive** (ages 12-17)  
Limited to 20 advanced students who wish to pursue theatre in high school and beyond. Audition workshops taught by local pros Musical Theatre or Shakespeare work Showcase performance for invited guests and professionals who will offer feedback



# 2019

# CAMP MELODRAMA



### Young Kids Camp For Ages 7-12

July 22 – August 2  
Monday – Friday  
9:00 am to 1:00 pm  
Sunday, August 4 1pm

### Summer Conservatory Intensive For Ages 12 -17

August 5 – August 9  
Monday - Friday  
9:00 am to 2:00 pm  
Showcase Performance TBD

**Registration Form** Please use one form per student. Please enclose payment (check) or complete credit card information; a \$100 deposit per student is required with the balance due by **June 4**. Deposits are non-refundable after this date.

- **Young Kids Camp: \$375.00** per student (**\$350.00** for a second child from the same family/returning student)
- **Summer Conservatory Intensive: \$275.00** (**\$250.00** for a second child from the same family/returning student)

Student Name: \_\_\_\_\_ Parents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email(s): \_\_\_\_\_

Cell #: \_\_\_\_\_ Alt #: \_\_\_\_\_

*Students may also be released to emergency contacts without prior notification. Any other adult picking up your student must be pre-authorized and show identification.*

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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Please note any health/behavior related concerns: \_\_\_\_\_

Please note any medications needed while at camp: \_\_\_\_\_

Student Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Gender:  Male  Female

Returning Student  Yes  No T-Shirt Size: **Child** \_\_\_\_\_ **Adult** \_\_\_\_\_

Enclosed is my payment in the amount of \$ \_\_\_\_\_ Check#: \_\_\_\_\_  MasterCard  Visa  Discover  Amex

Card#: \_\_\_\_\_ Expiration: \_\_\_\_\_ CID#: \_\_\_\_\_

**Parental Permission, please read and sign**

(Student's Name) \_\_\_\_\_ has my permission to participate in Camp Melodrama. The undersigned agrees to accept full responsibility by delivering the student to the camp at the appointed hour and picking up the student at the close of camp each day.

I hereby release The Great American Melodrama & Vaudeville from any liability for injuries incurred by my son/daughter while participating in Camp Melodrama 2019.

TGAM has my permission to use my or my child's photograph to promote Camp Melodrama. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I the undersigned Parent/Guardian of (Student's name) \_\_\_\_\_, hereby authorize and give my permission to the staff of The Great American Melodrama's Camp Melodrama to act for me according to their best judgment in any emergency requiring medical attention.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Return to:** CampMelodrama@gmail.com or  
PO Box 1026, Oceano, CA 93475