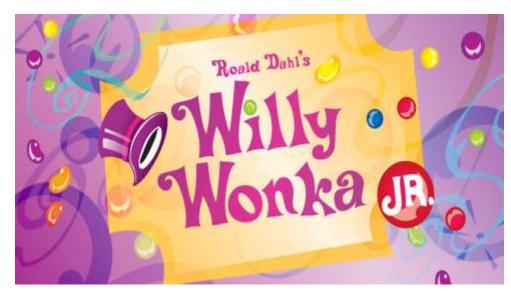
TIME TO SHINE PERFORMING ARTS presents





July 10 – 21, 2017

Camp Shine is for children who love to take center stage and let their star shine! This two-week experience allows actors to explore the wonderful world of theatre under the guidance of professional instructors, delving into the fundamentals of theatre, voice, movement, dance, and stage presence.

Camp includes an evening performance of "*Willy Wonka, Jr*." at Fossil Ridge High School on Friday, July 21st at 5:30pm and 7:30pm.

- Theatre Technique
- * Role Playing, Character Development & Improvisation
- Singing, Dancing & Acting
- * Live Stage Performance of "Willy Wonka, Jr."
- * Morning Snack Provided (Students bring their own lunches)

Camp participants must be able to attend both weeks and the evening performances!

Auditions for roles will be the first day of camp and every actor will have a part in the show!

To Register:Fill out Registration form & make check payable to "Time to
Shine Performing Arts" and mail to:Time to Shine Performing Arts
8128 Ash Meadow Drive
Fort Worth, TX 76131



Location: Fossil Ridge High School *For Students who have <u>completed</u> 1st – 6th Grade

Camp Hours: Monday-Friday 8:00am-3:00pm

All Actors will receive a Camp Shine T-shirt & Cast Photo

<u>Cost</u>: \$375 *(Space is limited)*

Performances at Fossil Ridge High School on Friday, July 21st at 5:30pm & 7:30pm

Time to Shine Performing Arts

Trisha Baughman

Theater Arts Teacher Fossil Ridge High School (817) 659-8757

Trisha.Baughman@kellerisd.net

TIME TO SHINE PERFORMING ARTS presents CAMP SHINE REGISTIRATION FORMI2017

Camper Name:			Age:				
Home Campus:	: Grade Completed (this past school year):						
Parent Name(s):							
		Parent #2 Phone:					
Parent Email(s):							
Please circle:	Male / Female	Act	or T-Shirt Size: Youth S M L / Adult S M L XL				
Please list camper's	allergies, medications, sp	ecial needs	s or any other concerns that the camp directors need to				
	ct Information (other tha						
Name:			Relationship to Camper:				
Phone Number(s):			-				
Insurance Information	ation						
Insurance Provider:			Phone Number:				
Policy Number:			Group Number:				

Release of Liability/Assumption of Risk:

The undersigned participant or parent/guardian, in consideration of participation in the programs/activities indicated on this form, agrees to indemnify and hold harmless Time to Shine Performing Arts (Camp Shine), or its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, named herein, arising out of, or in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I grant permission for the use of photos of the above named participants in Camp Shine marketing materials unless otherwise indicated in writing. I further agree to abide by all Keller ISD policies and procedures.

Parent Signature			Date	
Payment Information:	Cash	Check: #	Money Order #:	
(Please make chec	k/money orde	rs out to <u>Time to Shi</u>	ne Performing Arts)	