

2020 CAMP SHAKESPEARE REGISTRATION

Please complete separate forms for each student. For your security, where your signature is required, you may print and sign after completion of this form and mail form. Otherwise, your typed name will constitute your legal signature.

STUDENT NAME:		
<input type="checkbox"/> (check one) Male <input type="checkbox"/> Female		
PARENT/GUARDIAN NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
DAY PHONE:	EVENING PHONE:	
Parent/Guardian EMAIL:	STUDENT'S DATE OF BIRTH:	STUDENT AGE: YEARS
SCHOOL NAME AND ADDRESS:		

CAMP SHAKESPEARE (ages 8 – 14): Camp runs Monday – Friday from 8:30 a.m. – 3:30 p.m.

I am paying: \$ 350 OR \$ 325 (for returning campers OR second student from same family)

BROOKSIDE I

June 1 – 12, 2020

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

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

BROOKSIDE II

June 15 – 26, 2020

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

Performance on Festival Stage, June 27

CAMP SOUTH KANSAS CITY

July 13 – 24, 2020

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

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

CAMP LEE'S SUMMIT

July 20 – 31, 2020

Lee's Summit: UCM Lee's Summit Campus
1101 NW Innovation Parkway
Lee's Summit, MO 64086

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

SHAKESPEARE UNLIMITED

June 29 – July 10, 2020 | For Returning Campers

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

Public performance on final day of camp, 6 p.m.

HIGH SCHOOL / SPECIALTY CAMPS

I am paying: \$ 460 OR \$ 435 (for returning campers OR second student from same family)

SHAKESPEARE EXPLORATION | ages 14 - 18

Monday – Friday | 9:00 a.m. – 3:00 p.m.

June 8 – 26, 2020

Rockhurst High School
9301 State Line Rd. Kansas City, MO 64114

Performance on Festival Stage, June 27

SHAKESPEARE ALIVE | ages 10 - 18

Tuesday – Friday | 9:30 a.m. – 5:00 p.m.

July 21 – August 7, 2020

Bruce R. Watkins Cultural Center
3700 Blue Parkway - Kansas City, MO 64130

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

WILL'S PLAYERS (ages 5 – 8): Camp runs Monday – Friday from 9:00 a.m. – 12:00 p.m.

I am paying: \$ 165 OR \$ 140 (for returning campers OR second student from same family)

SOUTH KANSAS CITY

June 22 – 26, 2020

Alexander Majors Barn

8201 State Line Road

Kansas City, MO 64114

Performance on final day of camp, 11:30 a.m.

DEMOGRAPHIC + MARKETING QUESTIONNAIRE

As the Festival applies for financial support, this information is helpful for the continuation and expansion of our education programming.

What best describes your child's race or ethnic origin?

Which best describes your family's annual income before taxes?

How did you hear about us?

PAYMENT INFORMATION

Check enclosed. Make check payable to Heart of America Shakespeare Festival. *(Please put name(s) of student on memo line)*

Credit Card *(please check type)*

Visa

MasterCard

Discover

American Express

Card #:

Expiration:

3 digit CSC:

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: _____

NEW POLICY

No student will be able to participate in class without a completed enrollment form, including a signed waiver, and full payment or payment arrangement, including completed required scholarship paperwork. If you cannot pay in full at time of enrollment, payment arrangements can be made by contacting Director of Education, Matt Rapport at mrapport@kcshakes.org or (816) 531-7728.

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 St. Kansas City, MO 64111