

THE PORT TOBACCO PLAYERS ANNOUNCES

CAMP MOCKABEE

Summer Theatre Camp

Camps are limited to 60 students - Apply early

Elementary School Age 6 thru 5th grade. July 29 to Aug 2

Join us for a fantastical journey through theatre with daily workshops ranging from acting and choreography to hair and makeup and much more!

Full Day Session: 8:00 AM to 4:00 PM

Cost: \$225 per Camper

Middle School - Grades 6th to 8th August 12 to 16 Show on 8/17

Join in on helping produce a one-act Broadway musical, the title of which will be revealed the first day of camp. Actors, singers, designers and technicians are all needed for this wonderful collaboration. No experience necessary!

Full Day Session: 8:00 AM to 4:00 PM

Cost: \$225 per Camper

High School — Grades 9th thru 12th August 5 to 9 Show on 8/10

Join in on helping produce a one-act Broadway musical, the title of which will be revealed the first day of camp. Actors, singers, designers and technicians are all needed for this wonderful collaboration. No experience necessary!

Full Day Session: 8:00 AM to 4:00 PM

Cost: \$225 per Camper

CAMP IS HELD AT THE PORT TOBACCO THEATER

508 CHARLES STREET, LA PLATA, MD 20646

IF YOU HAVE ANY QUESTIONS CONTACT THE THEATER AT 301-932-6819

Port Tobacco Players' Theater "Camp Mockabee" Registration

Choose your session: Elementary School ____ July 29th to August 2nd
Middle School ____ August 12th to 17th
High School ____ August 5th to 10th

Choose your shirt size: T- Shirt Size: (Circle one) Child: XS, S, M, L, XL Adult: S, M, L, XL, XXL, XXXL

Child's Name: _____ Male _____ Female _____ Today's Date: ____/____/19

Present Age: _____ Birth Date: ____/____/____ Present Grade: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____

Telephone Numbers: (Home): _____ (Cell): _____

(Work): _____

Email: _____

Emergency Contact Person: _____

Phone Numbers: _____ Relationship: _____

With whom may your child arrive/depart? _____

Does your child take medication? NO ____ YES ____ (please specify) _____

Does your child have allergies (including foods)? NO ____ YES ____ (please specify) _____

Name of Child's Doctor: _____ Phone #: _____

In case of emergency, I _____ give my permission to the staff of PTP's Theater Camp to administer First Aid and/or obtain the nearest emergency care. _____

(signature)

Camp fees are \$225 per session. The fee includes your child's membership in the Port Tobacco Players for the 2019/2020 season as well as the cost for his/her camp t-shirt. Please make checks payable to **Port Tobacco Players**. Mastercard, Visa, American Express and Discover (credit or debit) are also accepted.

____ I have enclosed my **\$50 NON-REFUNDABLE DEPOSIT**. I will send the balance to camp on the first day of camp as listed above. (Check # _____) Credit/Debit Card _____ Exp- ____/____

____ I have enclosed the entire \$225 camp fee, \$50.00 of which is a **NON-REFUNDABLE DEPOSIT**. (Check # _____) Credit/Debit Card _____ Exp. ____/____

Please complete & mail to: Port Tobacco Players' Theater, "Camp Mockabee", Post Office Box 2030, La Plata, MD 20646

Camps are limited to 60 students each. Apply early.

DEADLINE FOR APPLICATION: JULY 14, 2019 OR UNTIL FILLED