

# **CAMP SHAMROCK 2019**

## **Information**

**Classes will be comprised of various drama games and activities designed to help familiarize the child with the elements of the stage. Each class will help the student develop confidence and creativity. The camp will end with a main-stage production.**

**Instructor: Gerard Neary**

**Experience: None necessary**

**Age: Grades 1-9**

**Fee: \$150 Please make checks payable to: STVM Drama Camp  
\$130 for each additional sibling**

**Mail registration form and check to:**

**St. Vincent - St. Mary High School**

**Attn: Gerard Neary**

**15 North Maple St.**

**Akron, OH 44303**

**Registration Deadline: Monday, June 10, 2019**

**Classes begin Monday, June 10 (20 min Parent Meeting at start) 12:30- 2pm**

**June 10-14 from 12:30pm – 2 and June 17-21 from 10am – Noon**

**Performances will be on *Saturday, June 22 and Sunday, June 23, 2019 at 1pm***

**Campers should arrive at least one hour before show time for performances**

**Tickets for performances will be sold one hour before each performance.**

**Tickets: \$5**

**If you have any further questions, please email Mr. Neary at**

**[gneary@stvm.com](mailto:gneary@stvm.com)**

# CAMP SHAMROCK 2019 Registration Form

## Child Information:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade(2019-2020) \_\_\_\_\_

Elementary School Attending \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade(2019-2020) \_\_\_\_\_

Elementary School Attending \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade(2019-2020) \_\_\_\_\_

Elementary School Attending \_\_\_\_\_

4<sup>th</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade(2019-2020) \_\_\_\_\_

Elementary School Attending \_\_\_\_\_

## Guardian Information:

Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ 2<sup>nd</sup> Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Will you be staying at the school during camp hours? (circle one)    YES    NO

In the space below, please list the names of individuals who are authorized to pick up your child

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please return this form and payment to:  
St. Vincent – St. Mary High School ATTN: Gerard Neary 15 N. Maple St. Akron, OH 44303