

Student Application for Camp Destiny Sessions 2009

Residential Camp held at Oglethorpe University, Atlanta, GA. Day Camp, Adventure Camp and Advanced Adventure Camp will be held at the Studio of the Arts. Performance for Day Camp will be held at the Roswell Cultural Arts Center. Please fax your registration form to 770-998-0227 or MAIL to 8560 Holcomb Bridge Rd, Suite 111, Alpharetta, GA 30022 with \$399 deposit for residential camp or \$199 deposit for day camp or \$99 for Performing Arts Adventure Camp. Add a recent photo.

Check desired sessions below. Students may participate in one or multiple sessions.

Applications will be accepted until all sessions are full. Limited Enrollment! Apply Today!!

ALL sessions are an artistic "Smorgasbord". Try it all. Students may take classes in all subject areas regardless of major choice.

Choose Camp Session/s AND Major (if applicable).

- Session #1 Day Camp - June 8-12 (9am-6pm daily) Ages 7-17 \$399.00
Location: Studio of the Arts, Alpharetta, GA with performance at Roswell Cultural Arts Center
Choose: Major: Theatre/On Stage On Camera/Video Musical Theatre
- Session #2 Day Camp - June 15-19 (9am-6pm daily) Ages 7-17 \$399.00
Choose: Major: Theatre/On Stage On Camera/Video Musical Theatre
Location: Studio of the Arts, Alpharetta, GA with performance at Roswell Cultural Arts Center
- Session #3 Residential Camp - June 21-26 Ages 8-18 \$799.00 - Location: Ogelthorpe University
Choose: Major: Theatre/On Stage Dance On Camera/Video Musical Theatre
- Session #4 Residential Camp - June 28 - July 3 Ages 8-18 \$799.00 - Location: Ogelthorpe University
Choose: Major: Theatre/On Stage Dance On Camera/Video Musical Theatre
- Session #5 Performing Arts Adventure Camp - July 13-17 (9am-1:30pm daily) Ages 6-11 \$199.00 - Location: Studio of the Arts, Alpharetta, GA
- Session #6 Performing Arts Adventure Camp - July 20-24 (9am-1:30pm daily) Ages 6-11 \$199.00 - Location: Studio of the Arts, Alpharetta, GA
- Session #7 ADVANCED Performing Arts Adventure Camp - July 27-31 (1:30-6pm daily) Ages 11-16 \$199.00
Location: Studio of the Arts, Alpharetta, GA
- I'd like to enrich the life of a deserving child by making a tax deductible donation to AWP's scholarship fund. (AWP is a 501(c)3 nonprofit corporation. * Donations may be made at the bottom of this form.
- DISCOUNTS: \$50 discount for multiple weeks during sessions 1-4. \$25 discount for multiple weeks during sessions 5-7.

SPECIAL ORDERS - T-SHIRTS & VIDEO MEMORIES (OPTIONAL)

Camp T-Shirt - PRE-ORDER ONLY before May 15th @ \$25

- Youth Md. Youth Lg. Youth X-Lg. Adult Sm. Adult Md. Adult Lg. Adult XL Adult XXL Adult XXXL
- Camp Video Memories last a lifetime. DVD PRE-ORDER PRICE \$40 for one session, \$30 for each additional session (\$45 and \$35 at camp)
- Session 1 Session 2 Session 3 Session 4 (Video Not Available for Sessions 5/6/7)

STUDENT INFORMATION

Name: _____ Nickname: _____
Camp/Time Age: _____ Gender: F M Birthdate: ___ / ___ / ___ Grade Completed 05/09: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone (____) _____ FAX (____) _____ Student Email: _____
Residential Suite/Roommate Request: _____ Acting/Dance Studio: _____
If you are a member of a performing arts company please list: _____

PARENTAL INFORMATION

My child has my permission to be listed in a student directory with address, phone, and/or email? Yes No

Marital Status: Married Separated/Divorced (Custodial Parent) _____ Single Widowed Other _____
Mother's Name: _____ Father's Name: _____
Address (if different): _____ Address (if different): _____
Occupation: _____ Occupation: _____
Work Address: _____ Work Address: _____
Home Phone (____) _____ Work (____) _____ Home Phone (____) _____ Work (____) _____
Cell (____) _____ FAX (____) _____ Cell (____) _____ FAX (____) _____
Email: _____ Email: _____

*NOTE TO PARENTS AND STUDENTS CONCERNING ROOM PLACEMENT

One of the real benefits of a camp experience involves meeting and making new friends from different places. Whenever possible, we will honor a request for friends to be in the same room or suite if their age and gender allow, and both parents make the request. All room/suite requests need to be made on this application or in writing no later than 1 month prior to arrival. Please understand that the director's placement will be final.

PARENT AGREEMENT

- I agree to support the final decision of the Directors in their room/suite assignment of my child.
- I am enclosing a \$399 deposit for residential camp at Oglethorpe or \$199 for day camp or \$99 for Performing Arts Adventure Camp. I understand that the balance of camp is due on or before April 15. All fees, minus \$100, are refundable before April 15th. No refunds will be made after April 15. No deduction is allowed for late arrival, withdrawal, or dismissal. All cancellations must be in writing.
- I agree to present my child's health examination report with a physical completed within one year prior to the camp date, properly filled out by a licensed physician, on or before arrival at camp in order for said child to be admitted to the program. I am responsible for health and accident insurance.
*Residential Camp ONLY - Sessions 3 & 4. No doctor's exam required for session 1, 2, 5, 6 or 7.
- I understand that drinking, smoking (or the possession of alcohol, tobacco, weapons, or illegal substances), stealing, threats, acts of violence, unruly behavior or sexual contact of any kind results in immediate dismissal from camp with no refund.
- Photo Release: I understand that student activities will be documented during camp sessions. I give AWP permission to use photos, video, or voice recordings of my child in productions for public relations, marketing, archival or other purposes in keeping with the mission of the school.
- I, the undersigned, fully understand and agree that the organizers, owners, instructors, counselors and administrators of the Atlanta Workshop Players and Oglethorpe University shall be free from any liability of claims arising by reason of any injury or illness during the camp session(s). Permission is hereby granted to transport my child to a doctor or hospital in case of illness or injury and to authorize emergency treatment when unable to locate parent. In addition, I give permission for my child to travel with AWP to camp related field trips.

Signature of Parent: _____

STUDENT AGREEMENT

I understand and promise to abide by the rules of AWP's Camp Destiny. I know these rules are necessary to create a safe, joyful, artistic experience. I understand that breaking the rules results in dismissal from camp. I also promise to have fun!

Student Signature: _____

Amount Due: Deposit/Tuition \$ _____ * Plus Donation to scholarship fund (optional) \$ _____

Method of Payment

- Check Enclosed for \$ _____ Make checks payable to Atlanta Workshop Players
- VISA/MasterCard #: _____ - _____ - _____ - _____ Expiration Date: ___ / ___ Charge Amount: \$ _____
- Signature: _____

Name as it appears on credit card: _____