

The Colorado Shakespeare Festival

E D U C A T I O N O U T R E A C H

Dear Summer 2009 Campers (and Parents):

We are thrilled that you will spend Camp Shakespeare 2009 with us, exploring the words and world of Shakespeare! Our line-up of professional actor-teachers from Colorado Shakespeare Festival's 2009 Season promises three weeks of intense and joyful learning. As always, our focus at camp is on Shakespeare in performance, bringing the text to life and providing relevance for the modern performer and the audience. We look forward to giving you the opportunity to develop and enhance your unique talents and creative abilities.

Here are the details about Camp Shakespeare 2009.

- Each class will focus on a specific play from the CSF Season. The Apprentice class (ages 10-12) will work on Two Gentlemen of Verona; the Journeyman class (ages 13-15) will work on Much Ado About Nothing, and the Master class (ages 16-18) will work on Hamlet. (Master class students must audition for placement at this level. Auditions are April 21 & 22 from 5-7pm. Contact Amanda Holden at 303.492.1537 to schedule an audition.)
- Camp runs July 20-August 7, M-F. **All classes will be held from 9:30-12:30.**
- *Public performances.* **On August 6 and 7**, your child will perform with his/her class in the early evening on both nights, in public places in Boulder, including CSF greenshows. We believe these extra performance opportunities further prepare campers for the **Camp Shakespeare Performance Extravaganza on Saturday, August 8.** Family and friends now have more chances to see our campers perform!
- We will attend a Shakespeare play as a group. Your Camp Shakespeare tuition includes this ticket price. Stay tuned for details!

Registration forms are included in this packet; below is a checklist of materials you must return. **Mail to: Camp Shakespeare / 277 UCB / Boulder, CO 80309.** Along with registration materials, we have included: a fact sheet on the camp, camp guidelines and a map to Camp Shakespeare. These informative materials give you an idea of how the camp works and what to expect. They are for you to keep, or to pass along to friends and neighbors who might have an interest in Camp Shakespeare.

We look forward to a glorious summer with you and Shakespeare. Please contact me if you have any questions.

Sincerely,



Melinda J. Scott, Education Director
melinda.scott@colorado.edu
303.492.1973

Check List (please include the following items):

- Registration Form
- Authorization Form
- Participant/Parent Agreement
- Participant "Pre-Camp" Questionnaire
- Payment (send check or provide credit card information on registration form)
- A letter from the camper that tells us why they want to participate in Camp Shakespeare 2009**

The forms that follow are informational and for you to review and to keep, or to pass along to friends who might be interested in Camp Shakespeare!

1. Camp Shakespeare Fact Sheet
2. Camp Shakespeare Guidelines
3. Map to Camp Shakespeare

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E D U C A T I O N O U T R E A C H

Camp Shakespeare 2009 Registration Form

(please print unless providing a signature)

Participant's Name: _____ Age: _____
Last First Middle Initial (at start of camp)

Address: _____

City: _____ State: _____ Zip: _____

School you attend: _____

Parent/Guardian Name: _____ relationship: _____

hm phone: (____) _____ wk phone: (____) _____

Parent/Guardian Name: _____ relationship: _____

hm phone: (____) _____ wk phone: (____) _____

primary e-mail: _____ secondary e-mail: _____

EMERGENCY INFORMATION

Persons authorized to pick up your child: (they must provide proper identification in the event of pick-up)

Name: _____ hm ph: (____) _____ wk ph: (____) _____

Name: _____ hm ph: (____) _____ wk ph: (____) _____

Name: _____ hm ph: (____) _____ wk ph: (____) _____

Doctor's Name: _____ phone: (____) _____

Hospital: _____ phone: (____) _____

Dentist's Name: _____ phone: (____) _____

Special needs: please list allergies to foods, plants, textiles, medications, etc., and medical conditions that may require attention. Also list preventative steps/response for each instance (If extra space is needed, feel free to attach another sheet):

SESSION & PAYMENT INFORMATION

Cost: \$600 (includes \$50 non-refundable registration fee)

Deadline: May 1 (late registrations will be assessed an additional \$100)

Refund Policy: A full refund (less registration/late fees) is available if participant notifies CSF Education Outreach **in writing** more than two full weeks before the start of the session. Participant receives 80% reimbursement if notification of withdrawal is received **in writing** within two weeks of the start of the program. No refund is given once the program has begun on July 20.

Payment method:

By check: Make checks out to The Colorado Shakespeare Festival & please put your child's name on memo line!

By credit card: (circle one) Visa MasterCard Discover/Novus American Express

Name as it appears on the card: _____

Card #: _____ Expiration Date: _____

Which class? (check one): _____ **Apprentice** (ages 10-12) HELD FROM 9:30 AM-12:30 PM

_____ **Journeyman** (ages 13-15) HELD FROM 9:30 AM-12:30 PM

By audition only. Call (303) 492-1537 _____ **Master** (ages 16-18) HELD FROM 9:30 AM-12:30 PM

How'd you hear about us? _____

Ex: Newspaper (please list) Website Friend Attended last year Season Subscriber Other (please list)

Parent/Guardian Signature: _____

Date _____

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E D U C A T I O N O U T R E A C H

Camp Shakespeare 2009 Authorization Form

PARENT/GUARDIAN SIGNATURE REQUIRED at bottom

1. AUTHORIZATION FOR ALL CAMP ACTIVITIES

My child has my permission to participate in all camp activities.

2. WAIVER FOR DISPENSING OF MEDICATION

Student's Name: _____

I/we give permission for the above named student to be dispensed medication at camp for which an Authorization to Give Medication at Camp form has been approved. I/we understand that Camp Shakespeare and The Colorado Shakespeare Festival (heretofore referred to as CSF) do not have medical personnel on staff to assist in the administration of medication and that medication will be dispensed by the camp staff. I/we understand that Camp Shakespeare and CSF will not and cannot assess the need for, or assume any risks associated with the administration of any medication. I/we understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I/we release Camp Shakespeare and CSF and each of its employees, agents, and representatives from all liabilities, claims and demands for injury or loss that I/we and/or the above student may now or in the future have, resulting from the dispensing and and/or administration of medication at camp or any disclosure relating to medication administered.

3. AUTHORIZATION FOR APPLYING SUNSCREEN

If the camp staff recognize the need to apply sunscreen to my child, I authorize them to do so. If there are special instructions for administering sunscreen, please list them below:

4. AUTHORIZATION FOR MEDICAL AND SURGICAL CARE

If my child is injured in an accident or becomes seriously ill, and I or my designee(s) listed below,

name: _____

hm ph: _____ wk ph: _____

name: _____

hm ph: _____ wk ph: _____

cannot be reached, I authorize the Camp Shakespeare Director and/or CSF staff to arrange for transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature or extent of his or her injury and that is in accordance with the protocol of standard medical practice. Finally I accept full financial responsibility for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold Camp Shakespeare and CSF harmless from all such costs, charges and fees.

5. AUTHORIZATION TO GIVE PRESCRIPTION AND NON-PRESCRIPTION MEDICATION AT CAMP

I/we request that (student's name) _____

_____ receive (name and dosage of

medication) _____ to be taken at (time)

_____ for (dates) _____.

The prescription must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the student, the medication, and dosage.

6. AUTHORIZATION TO USE PHOTOS OF YOUR CHILD TAKEN DURING CAMP IN PR/MARKETING ITEMS FOR CAMP SHAKESPEARE/CSF

I authorize the use of camp photos of my child:

Yes _____ No _____

**ENROLLMENT IS INCOMPLETE AND ATTENDANCE NOT ALLOWED UNTIL THE FORM IS COMPLETELY FILLED OUT AND ALL PARENTS AND GUARDIANS HAVE SIGNED BELOW.
YOUR SIGNATURES APPLY TO ALL THE ABOVE WAIVERS.**

Parent/Guardian: _____ Date: _____

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E D U C A T I O N O U T R E A C H

Camp Shakespeare 2009 Participant/Parent Agreement (please read carefully and sign)

1. I, _____,
P a r t i c i p a n t ' s N a m e
will demonstrate respect and consideration at all times for all of my fellow students, and the instructors, interns, workshop facilitators, CSF staff members, and volunteers at Camp Shakespeare 2009.
2. I will respect and treat with care the facilities, equipment and materials with which we work.
3. I will stay within the designated areas assigned to Camp Shakespeare 2009 at all times, and never go beyond these designated areas without permission.
4. I will follow the instructions of the instructors, interns, workshop facilitators, CSF staff members, and volunteers at Camp Shakespeare 2009, to the best of my ability.
5. I will share any problems or concerns I have with the Camp Manager, or with the instructors so that we may work together for positive resolution and a satisfying Camp Shakespeare 2009 experience.
6. I understand that I am given two "fair warnings" to amend my behavior—inasmuch as it is disruptive or dangerous to myself, my fellow participants, or to the instructors, interns, workshop facilitators, CSF staff members, or volunteers at Camp Shakespeare 2009, or to CSF facilities, equipment or materials—as determined by the Camp Manager, or an instructor, a workshop facilitator or a CSF staff member. A third reprimand may result in a call to my parents and my expulsion from camp.
7. I have read, and will comply, with the Camp Shakespeare Guidelines included in the registration packet.

I have read the above agreement.

I understand what is expected of me and I agree to follow these rules to the best of my ability.

Participant's Signature:

Date

Parent/Guardian Signature:

Date

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Camp Shakespeare “Pre-Camp” Questionnaire

Thanks for filling out the following questionnaire. This will help us place you in a group appropriate to your age level and experience, and assist us in nurturing your development throughout the three weeks of camp.

Name: _____ **Age as of July 20:** _____ **Phone:** _____

T-shirt size (circle one): S, M, L, XL, XXL (**Note: These are ADULT sizes**)

1. Please list any previous acting training, if any (classes, camps, workshops)

2. List any previous performance experience (the play, your role(s), how old you were, where). Also include any singing or dancing experience: (use reverse side, if needed)

3. Do you have a favorite Shakespeare play or role? What do you like about it?

4. List at least three acting skills you'd like to learn or improve this summer.

5. And finally, let us know if there is a friend attending Camp Shakespeare with you... If possible, we will place you in the same group. Name of friend(s):

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In addition to this questionnaire, each applicant must submit a letter (hand-written or typed) that explains why they want to attend Camp Shakespeare 2009.

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E D U C A T I O N O U T R E A C H

Camp Shakespeare 2009 Fact Sheet

Camp Shakespeare 2009

Ages 10 to 18

Enrollment Limit: 45 participants

Dates:

July 20 through August 7: Monday through Friday: morning or afternoon session

All classes held from 9:30am -12:30pm

Thursday, Aug. 6 and Friday, Aug. 7 – after camp, students perform in early evening

(Camp Shakespeare Performance Extravaganza: Saturday, August 8)

Description:

This popular **3-week** summer program primarily focuses on the skills needed for acting Shakespeare. Each group focuses on a different play from the CSF summer season. Regular weekly classes include acting, voice and movement.

Location:

On site of the Colorado Shakespeare Festival, University of Colorado - Boulder Campus

Registration and Payment Deadlines:

☒ Registration deadline: May 1, 2009

☒ Tuition: **\$600**

(Tuition cost includes a non-refundable \$50 registration fee.)

☒ Registrations received after May 1st will be assessed a \$100 late fee

Camp Shakespeare Performance Extravaganza

Culminating performances (open to the public)

Saturday, August 8: noon-2:00pm: performances every 40 minutes

2:15-3:30pm: reception

Contact Information

Send e-mail requests for registration packets to: csfedout@colorado.edu and we'll mail you the forms.

Amanda Holden, Education Programs Manager
Education Outreach Programs
Colorado Shakespeare Festival
277 UCB
Boulder, CO 80309
csfedout@colorado.edu

303.492.1537 office
303.735.5140 fax

Melinda J. Scott, Education Director
Education Outreach Programs
Colorado Shakespeare Festival
277 UCB
Boulder, CO 80309
scottmj@colorado.edu

303.492.1973 office
303.735.5140 fax

For information on all of our Education Outreach Programs
visit www.coloradoshakes.org & click on "Education"

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CAMP SHAKESPEARE GUIDELINES

DROP-OFF/PICK-UP

Please drop off participants at the kiosks in front of Hellems (the main audience entrance to the Mary Rippon Outdoor Theatre) at least 10 minutes before the camp session begins (9:20am). Participants will be met here by the Camp Manager or one of the Acting Instructors or Camp Interns and escorted to a studio classroom. Pick up participants in the same location, no later than 15 minutes after the session ends (12:45pm) In the event that you cannot pick up your child by the times designated above, please leave a message on the CSF Education Outreach phone: 303.492.1537.

FOOD

We will not take a lunch break. However snacks are allowed during a 10-minute break about midway through the session. Please bring a nutritious snack each day and PLENTY of drinking water in a tightly-lidded container. Student "Deputies" may be appointed from each class to ensure that snack debris is appropriately disposed of at the end of each break.

CLOTHING

We recommend participants wear comfortable, loose-fitting clothes, which do not restrict movement (i.e., no tight jeans, skirts, etc.). Some days participants may work outside on the lawn and much of the work is very physical, including warm-ups and stretching done on the studio floor.

ATTENDANCE

Daily attendance is important to the development and rehearsal of the final presentation. Remember that your fellow actors depend on your presence and often cannot do their work if you are absent. Excessive absenteeism may result in a change in your casting. If you must be absent, leave a message with the Education Outreach office or with the Camp Manager so that your teachers and scene partners may be notified.

If previously scheduled family plans will cause you to miss some classes or come to class late on any day, please notify both the Camp Manager and your Acting Instructor on the first day of camp.

FACILITIES

Participants are required to stay in the areas of the University Theatre Building designated for Camp Shakespeare. Students must not wander to other areas of the building or campus without permission. The University does not take the summer off! Classes are in session and the administrative offices within the University buildings are full of busy people doing their jobs. Please don't disrupt their work.

Keep personal belongings with you at all times. Unfortunately, in the past, thefts have occurred to people who left bags unattended in hallways. DO NOT BRING VALUABLES TO CAMP, if possible.

MOST IMPORTANTLY

The Colorado Shakespeare Festival wants you to have a good time, to challenge yourself and grow. Show yourself and your fellow actors **respect, en(courage)ment, friendliness** and **support**. It will deepen your experience and earn you the respect of your fellow actors and instructors.

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Map to Camp Shakespeare:

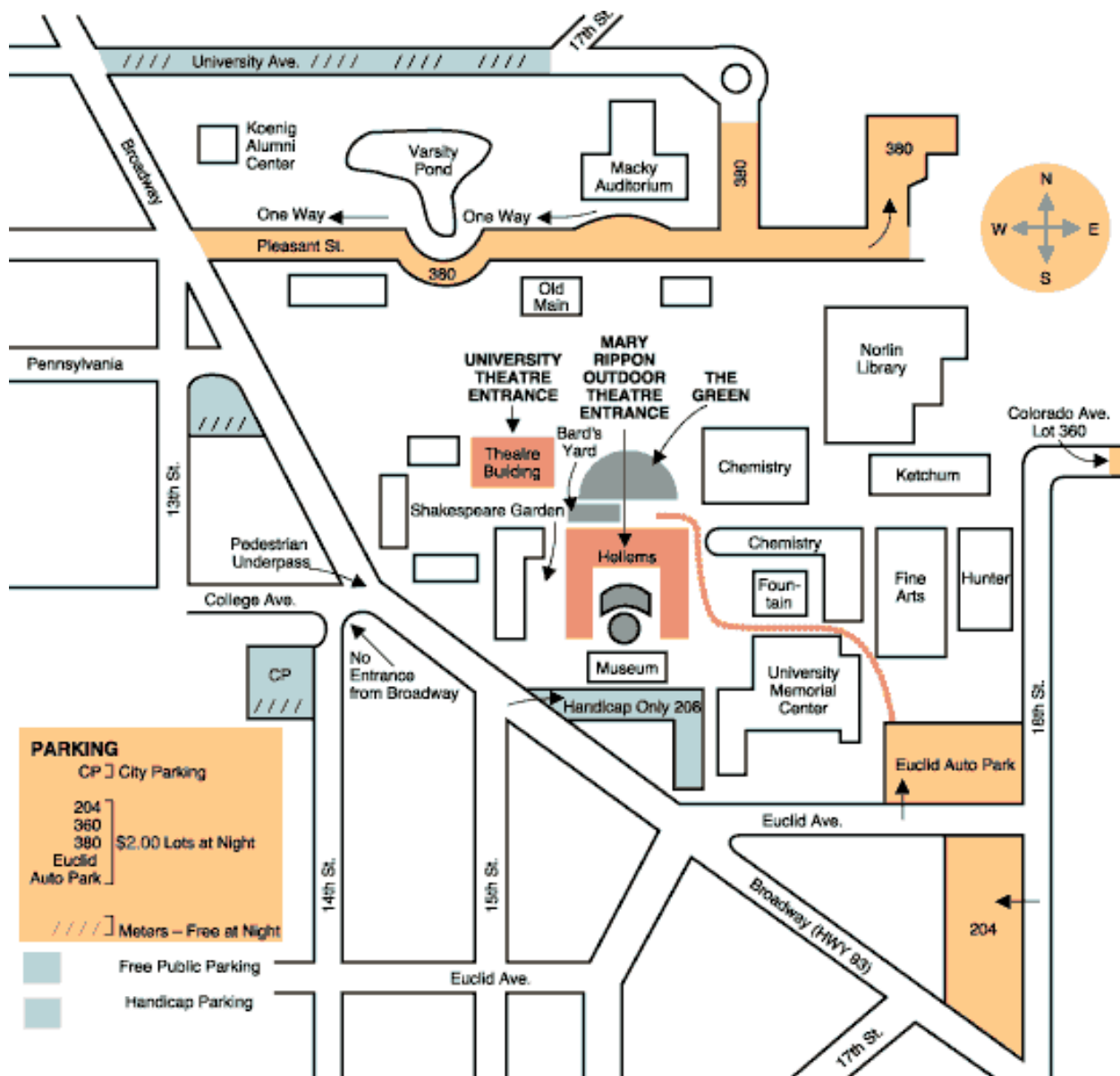
- Students should check-in daily with the Camp Manager at the kiosks on the north side of Hellems before class begins. (see orange building, center of map)
- Camp Shakespeare Performance Extravaganza will be held in the Old Main Chapel Theatre in the Old Main building (see white box, upper & center of the map, beneath yellow road)

Parking: Public parking during the day is available at several locations on or near campus:

- On *University Avenue* – blue road at top of map – \$1.50 hourly – quarters only
- At the *Euclid Autopark* lot on campus – orange box, lower right side of map – \$1.75 hourly, cash or check only
- In the *Jones Drug* parking lot off of College Avenue and 14th Street on “The Hill” – \$1.25 hourly

Pay stations take coin or plastic

(Entrance available from the southern approach on 14th Street or from the western approach on College Ave.. You may walk under Broadway using the pedestrian underpass to get to campus, an easy walk to the Hellems)



For a map to CU-Boulder campus from parts beyond, check out the on-line map at the CSF website:

<http://www.colorado.edu/campusmap/>

Questions? Call CSF Education Outreach at: 303.492.1537