



SW72018

SUNRISE THEATRE
FOR THE PERFORMING ARTS

Missoula Children's Theatre & Sunrise Theatre Foundation Summer Camp

PARENT LETTER

Dear Parent:

The primary goal of the Missoula Children's Theatre is to work with your child to perform in the final production.

Camp Hours

Monday – Thursday

10:00 AM - 4:00 PM

Friday

10:00 AM – 2:30 PM *(subject to change depending on the show presenter)*

Registration

- **Registration begins Monday at 9:30 AM;** please enter through the back door of the Theatre.
- **Please have the following forms filled out prior to arrival:**
 - **Policies Form**
 - **Registration Form**
 - **Permission Slip/Media Consent**

What to know:

- Bring Lunch, beverage, and snack
- Large Paper Grocery bag (**write child's name & character on bag**) – leave at “*Check In*” Desk
- **Your child should wear closed toed shoes – NO SANDALS OR CROCKS**
- **Hand held gaming devices are NOT PERMITTED!!!**
- Sunrise Theatre policy is cell phones are **NOT PERMITTED** in the theatre. As an accommodation, Sunrise Theatre Foundation Camp will allow cell phones which may be used **ONLY** before/after rehearsals and during lunch. **CELL PHONES MUST BE POWERED OFF AT ALL OTHER TIMES.**

When Not Rehearsing:

If your child is not rehearsing, he/she will be in the Sunrise Theatre Foundation Camp (2nd Floor, Friends Lounge.)

Children who do not wish to participate in the Foundation Camp can be picked up early or dropped off late according to their rehearsal schedule.

Minis (ages 6 & 7) will be doing arts & crafts projects, watching Disney movies, or other activities to be determined.

Older Kids (ages 8 – 18) will be doing arts & crafts projects or other activities to be determined.

Friday Evening Performance

- The performance will begin at 6:00 PM on Friday evening
- Please plan to have your child fed and back to the Theatre by the specified time (TBA)
- Costume and makeup will begin promptly upon arrival
- Group Photos will be available for \$10 the evening of the performance
- Tickets for the public performances are \$12/**\$15 day of the show** and are available daily at the Box Office 10AM-2PM

Contacts:

Sunrise Theatre

Box Office

(772) 461-4775

NO CANCELLATIONS ALLOWED – NO REFUNDS



SUNRISE THEATRE
FOR THE PERFORMING ARTS

SW72018

Missoula Children's Theatre & Sunrise Theatre Foundation Summer Camp

POLICIES FORM

Please Read Carefully and Sign for Monday:

My Child will **fully participate Monday – Friday** during rehearsals and the final Friday evening performance.

ARRIVAL TIME:

I will drop off my child between **9:45 AM and 10:00 AM** each morning (Monday – Friday). I understand that if my child arrives before the designated arrival time I **must** stay with my child until **9:45 AM**.

I will **sign** in my child each morning unless other arrangements have been made with the Camp Director.

I understand that if my child **arrives late** he/she may not be allowed to continue to participate in the program and that the camp fee will not be refunded.

Performance Evening – My child will arrive at the designated time (**to be announced**). He/She will have eaten dinner and will be ready to perform. If he/she does not arrive at the designated time they may not be able to take part in the final performance.

DEPARTURE TIME:

Monday – Thursday – I will pick up my child by **4:00 PM**.

Friday – I will pick up my child by **2:30 PM or TBA**.

I understand that if I **DO NOT** pick up my child by **4:00 PM** (Monday-Thursday); **2:30 PM** (Friday) **I WILL PAY \$1 per minute** in late charges. Failure to pay late charges will cause my child to be excluded from the final performance.

NO CANCELLATIONS ALLOWED – NO REFUNDS

I understand and agree to the above stated policies.

Signature

Date

Contacts:

Sunrise Theatre

Box Office

(772) 461-4775

117 S. 2nd Street Fort Pierce, Florida 34950 • Box Office (772) 461-4775 • FAX (772) 461-8373 • www.sunrisetheatre.com



SUNRISE THEATRE
FOR THE PERFORMING ARTS

Missoula Children's Theatre & Sunrise Theatre Foundation Summer Camp

REGISTRATION FORM

Please have the following filled out prior to arrival on Monday:

Workshop: Snow White and the Seven Dwarfs

Dates: July 9th -13th 2018

Participant Information:

Name _____ Gender M F
 Address _____ Age _____
 City _____ State _____ Zip _____ Grade _____

Parent/Guardian Information:

Name _____ Phone #1 _____
 E-Mail Address _____ Phone #2 _____

Emergency Contact Information:

Name _____ Phone #1 _____
 Relationship _____ Phone #2 _____
 Name _____ Phone #1 _____
 Relationship _____ Phone #2 _____

NO CANCELLATIONS ALLOWED – NO REFUNDS

Contacts:

Sunrise Theatre Box Office (772) 461-4775

117 S. 2nd Street Fort Pierce, Florida 34950 • Box Office (772) 461-4775 • FAX (772) 461-8373 • www.sunrisetheatre.com



SW72018

SUNRISE THEATRE
FOR THE PERFORMING ARTS

Missoula Children's Theatre & Sunrise Theatre Foundation Summer Camp

PERMISSION SLIP & MEDIA CONSENT

Please have the following filled out prior to arrival on Monday:

My child, _____, has permission to attend the Missoula Children's Theatre and Sunrise Theatre Foundation Camp programs for **Snow White and the Seven Dwarfs** on **July 9th through July 13th** from 10:00 AM to 4:00 PM. at the Sunrise Theatre in downtown Fort Pierce, Florida.

I understand that my child will be required to attend rehearsals/workshops Monday through Friday. He/She will also be available for the dress rehearsal and performance on **JULY 13th, 2018**.

I understand that my child **MUST** attend all rehearsals, and the performance. I understand that my I may pick up my child if he/she chooses not to attend any workshops.

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Child named above by The Sunrise Theatre Foundation.

I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release The Sunrise Theatre Foundation and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if child is under 18): _____ Date: _____
By signing you are granting your permission to participate and media consent for your child.

Address of Parent/Guardian:

OR

Signature of Child (if child 18 or over): _____ Date: _____
By signing you are granting your permission to participate and media consent for your child

Address of Child:

NO CANCELLATIONS ALLOWED – NO REFUNDS

Contacts:

Sunrise Theatre Box Office (772) 461-4775