2026 Sundance Theatre Camp

Ages 5 – 14 Years

Session 1 (June 15 to June 26)
Session 2 (July 6 to July 17)
Session 3 (July 20 to August 31)

A Note from the Director:

We are offering three 2-week sessions for our campers this summer. Our goal at STC is to introduce children to the world of musical theatre while providing them with a fun, safe, and enriching camp experience. The positive atmosphere we create at STC helps our campers to feel welcome, accepted, and engaged from the very first day through the final performance on the last day. Over the course of the session, campers take acting, voice, and dance classes each morning. In the afternoons, they work in collaboration with our staff and their castmates to "put it all together" and bring the story to life on our stage! We have tons of fun, share lots of laughs, and create magical memories together.

See you on stage!

SCHEDULES & FEES: You may choose more than one session.

Camp hours are 9:00AM to 3:00PM

☐	**Session 1: June 15 – June 26**	**$850.00**
☐	**Session 2: July 6 – July 17**	**$850.00**
☐	**Session 3: July 20 – July 31**	**$850.00**

TOTAL AMOUNT SUBMITTED WITH APPLICATION: $_____

Please note: Show selection will be determined based upon cast size and age range.
Show kits being considered: FROZEN, FINDING NEMO, HIGH SCHOOL MUSICAL, SHREK, MARY POPPINS, PETER PAN, NEWSIES.

The STC teaching artists and I are so excited to offer our campers another magical summer on the Sundance Stage! We all believe strongly that participation in the arts helps children to grow in all areas of their development.

Ms. Joann

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Sundance Theatre Camp is open from 9:00AM– 3:00PM

Child's First Name:_____ Child's Last Name:_____
Birthdate: _____ Entering Grade_____
Address and Town: _____
_____
Primary Cell Phone: _____

Parent/Guardian 1 Name_____
Cell Phone: _____ Home Phone: _____
Email address: _____

Parent/Guardian 2 Name_____
Cell Phone: _____ Home Phone: _____
Email address: _____

Please let us know if your child has any medical, physical problems, allergies or special needs that should be considered or if you have any special recommendations: _____
_____
_____

If the school feels the services of a physician are required, the following physician is authorized to treat my child. Name: _____ Phone: _____

In the event of a medical emergency and you are unable to contact either parent, I hereby give permission for my child to be given medical treatment by the rescue if necessary, and/or any other duly qualified medical personnel.
Signature: _____

If the school is unable to reach me by phone, the following individuals are authorized to take my child from school and to assume responsibility for my child in the event of an emergency.

Emergency Contact 1: Name_____Phone: _____
Relationship to child_____

Emergency Contact 2: Name_____Phone: _____
Relationship to child_____