



## Musical Theatre Performance Camp 2021 Registration Form

**Dates:** June 7<sup>th</sup> – 19<sup>th</sup> (weekdays from 10am to 4pm)

**Performance Dates:** June 18<sup>th</sup> and 19<sup>th</sup> (4 shows)

**Location:** LTC Black Box Theatre and LSPA Studios

**Production:** *The Wizard of Oz, Young Performers' Edition*

**Ages:** Rising 3<sup>rd</sup> grade through 8<sup>th</sup> grade

**Tuition:** \$325/child

**Principal Auditions:** TBA (*All camp participants will get a part in the final production.*)

Explore the world of musical theatre, make new friends, and experience the excitement of being on stage in an all-inclusive performing arts experience! Students will work with an experienced creative team to prepare a fantastic musical performance, design costumes, and build original sets. There is no experience necessary! All that is required is curiosity and the desire to have fun in a creative environment. The process allows young artists with a wide range of skills and talents to explore their own interests and imaginations, while working collectively as a group for a common goal. The Lafayette Theatre Academy's annual performance camp is led by directors, Valerie Longshore-Sargent, Madison Finney, and Antoine Bray.

For more information about this camp or other opportunities with the Lafayette Theatre Academy, please contact the LSPA Business Office at 706-882-9909 or email [amcdow@lsparts.org](mailto:amcdow@lsparts.org).

[www.LSPArts.org](http://www.LSPArts.org)

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Please complete and return the registration below with your full payment. Space is limited. There will be a waiting list for registrations received after the available space is filled.

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

LTA Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in 2021-2022: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent Name (s): \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_