

# Spokane Children's Theatre

Teen Summer  
Camp Intensive



2023

Take your performance skills to the next level! Two week intensive theatre camp focusing on singing, dancing, and acting! Your talent will then be put on-stage in four special performances!

Registration is \$350 and due **before** casting audition.

**Camp Dates:** July 31 to August 11 9am to 5pm Mon-Fri Ages 13-19

**Role Auditions:** June 11 or 12 6pm to 8pm (*must attend one*)

**Performance Dates:** Fri Aug 11, 7pm, Sat Aug 12, 2pm & 7pm, Sun Aug 13, 2pm

Name: _____	Main Phone: _____	Cell _____
Address: _____	Secondary Phone: _____	Cell _____
City: _____	State: _____	Zip: _____
Email: _____		

(Parent information is needed for everyone under 18)

Parent's Names: \_\_\_\_\_

Parent's Phone: Main: \_\_\_\_\_ Cell \_\_\_\_\_ Secondary: \_\_\_\_\_ Cell \_\_\_\_\_

Parent's Email: \_\_\_\_\_

I understand that the tuition for Spokane Children's Theatre's Intensive Teen Camp covers the two-week class period. While performances of the production are anticipated, they are not guaranteed. In the event that something outside of SCT's control occurs, I understand that those performances may be canceled without a camp refund.

I understand that the Spokane Children's Theatre's Intensive Teen Camp is designed to help teens develop their theatre skills. I understand that I will need to invest a significant amount of time throughout the summer and during the two weeks of camp in order to make a successful production.

Camper Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_



# Audition Form

# \_\_\_\_\_

Please fill out this form clearly and completely.  
*(front and back)*

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Your picture will be taken at auditions.

Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Cell \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Grade: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

(Parent information is needed for anyone under 18)

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

Parent's Phone: Main: \_\_\_\_\_ Cell \_\_\_\_\_ Secondary: \_\_\_\_\_ Cell \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Experience *(last 3 shows only OR special Skills)*

Show	Role	Director	Theatre	Year

Role(s) desired: \_\_\_\_\_

Gender Preferred Role:  Male  Female  Either

Aside from being on the stage, what other aspects of the production do you want to learn/help with?

Costumes      Props      Set      Painting      Lighting      Other \_\_\_\_\_

What specialty classes are you interested in learning during the Teen Intensive Camp?

(example: Improv, Stage Combat, Lighting Design, etc)

\_\_\_\_\_

Director's Comments:



# Audition Form

Please fill out this form clearly and completely.  
*(front and back)*

Your picture will be taken at auditions.

# _____
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Name: \_\_\_\_\_

**MEDICAL OR SPECIAL CIRCUMSTANCES INFORMATION (INCLUDING ALLERGIES):**

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**The following people are allowed to pick up my camper:**

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I understand that SCT will do their best to keep my child safe from COVID 19 Exposure, however I understand that such events can occur. If my child feels ill or has been exposed to COVID 19 I will test them before bringing them to camp. I understand that SCT holds no liability for COVID 19 Exposure.

**ACKNOWLEDGEMENT OF RESPONSIBILITIES:**

I understand that I am responsible for attending all camp days. If a conflict arises (illness or emergency), I will notify the Artistic Team if there is an illness or emergency that comes up.

I understand that I will arrive to camp on time and will have a positive attitude during the process.

I agree to show respect to the Artistic Team. That includes listening, learning, and doing what is asked of me to make this camp successful.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_