



Welcome to Camp Shakespeare!

Camp Shakespeare provides a well-rounded theatrical experience for students entering grades 6-12. Camps are available in either a one or two-week format – take your pick or try them all!

- Through large and small-group activities, Camp Shakespeare students will explore William Shakespeare's literature with their peers to discover meaning in the Bard's timeless text.
- Students will learn voice and movement techniques from trained teaching artists in a fun and supportive atmosphere.
- In addition to sharpening their acting chops, Camp Shakespeare gives students an opportunity to develop basic stage combat and technical theatre skills.
- Tuition includes special workshops with professional actors and designers as well as backstage tours.
- Students also will receive a camp t-shirt and discounted tickets to *A Midsummer Night's Dream*.

Schedule: Monday - Friday 9:00 am - 4:00 pm. At 3:00 pm on the last Friday of each session, there will be a performance for family and friends.

Location: Allen Studio Theatre, Centennial East, Illinois State University campus. The final day of camp, as well as the performance, will take place in the Courtyard at Ewing Manor, Bloomington.

Attire: Comfortable clothing with closed-toe shoes or sneakers.

Lunch: Participants must provide their own lunch and snack. Water and refrigeration will be provided.

Questions: Call Educational Outreach Director Annaliisa Ahlman at 309-438-3334. If you need to reach your student in an emergency during a camp session, please call 309-660-3993.



ILLINOIS
SHAKESPEARE
FESTIVAL

CAMP SHAKESPEARE

Registration Form

Student's Name _____ Gender _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Street _____ City _____ Zip _____

Day Phone () _____ Home Phone () _____ Cell Phone () _____

Email Address _____

Emergency Contact (In Addition to Parent/Guardian) _____

Emergency Contact Phone Number _____

*If registering more than one student from the same immediate family, please include the following:

Second Student's Name _____ Gender _____

Date of Birth _____ Grade _____

Please indicate if your student(s) has any special or medical needs that the teachers should be aware of: _____

T-Shirt Size (please circle) Child Medium Child Large
Adult Small Adult Medium Adult Large Adult XL

Registration Fees

Session 1, June 22-July 3

_____ One student, \$350
_____ # of additional student(s) at \$300

Session 2, July 6-July 10

_____ One student, \$200
_____ # of additional student(s) at \$150

Session 3, July 13-July 17

_____ One student, \$200
_____ # of additional student(s) at \$150

Multiple-student discount applies to students from the same immediate family.

If registering one student for multiple sessions, registration for the first session is at full price and additional sessions are discounted.

Please call 309-438-3334 or email festedu@ilstu.edu for scholarship information.

Method of Payment

Credit Card (Circle one) Visa Master Card Discover Am. Ex.

Card # _____ Exp. Date _____

Signature _____ Three Digit Code on Back of Card _____



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Check Enclosed Made payable to Illinois State University

Withdrawal Policy

- A \$50 non-refundable application fee per session is included in your payment.
- All requests for refunds/withdrawals must be made more than 7 days prior to the start of Camp Shakespeare.

Medical Release / Waiver

As parent or guardian of the minor child(ren) named above, I understand that in case of serious injury, I hereby give my permission for emergency medical treatment, as recommended by a physician; I understand that no surgical procedure will be performed without my permission and consent; I understand that any medical expenses incurred are my financial responsibility. I hereby release, acquit and forever discharge Illinois State University, its Board of Trustees, officers, employees, agents and representatives from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries including personal that may be incurred arising out of, or in any way connected to the child's participation in activities organized and led by the Illinois Shakespeare Festival. (Signature is required for participation).

Parent / Guardian Signature _____

Date: _____

Video and Photography Release

By signing this waiver form I agree to allow Illinois State University to use and reproduce photographs and digital images taken of _____ while enrolled at Camp Shakespeare for the purposes of marketing, internet marketing, public relations, and promotion. I understand that the last name of the individual will NOT be used in anyway.

Parent / Guardian Signature _____

Date: _____

Please email the completed forms and payment information to festedu@ilstu.edu.

By typing your name and submitting this form via email, you agree to the terms and conditions expressed herein and are providing an electronic signature.

OR mail the completed forms and payment information to:

**Annaliisa Ahlman
Educational Outreach Director
Campus Box 5700
Illinois State University
Normal, IL 61790-5700**