

\*3 Weeks of intensive Musical Theatre training including Vocal, Acting, and Dance Classes,\*

Master Classes and Workshops to build self expression.

\*You will experience how to put a full Broadway musical together in only 3 weeks gaining\* confidence and friends along the way

\*Camp culminates in the Full scale Musical Production!!!\*

## SING FOR AMERICA HAS JUST WHAT YOU ARE LOOKING FOR!

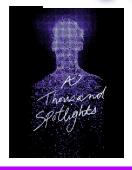
AThousandSpotlightsExperience.com/Offer

## 3 - WEEK THEATRE INTENSIVE!

Mon - Fri 9am - 1pm Ages 5yrs - 11yrs Mon - Fri 9am - 5pm Ages 12yrs - 21yrs







June 17th - July 7th

CONTACT SING FOR AMERICA FOR MORE INFO: GIBS7USA@MSN.COM 610-417-2189

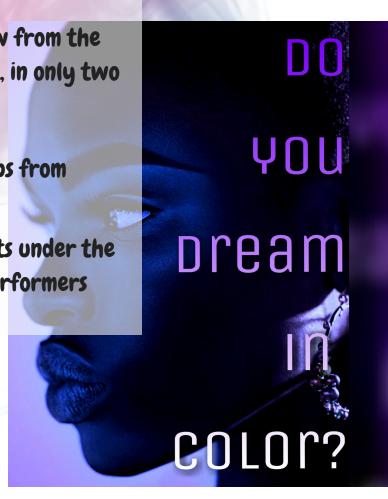
## Snapshot Of What Is Included

\*3+ Weeks of a Theatre experience you will never forget!

\*Rehearse and work on building a show from the ground up like a true professional would, in only two weeks!

\*Enjoy master classes and workshops from industry professionals

\*Work with other vibrant young artists under the tutelage of engaging and daring performers



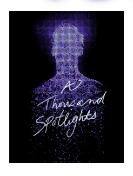
BE PART OF THE REAWANTANG OF TRUE ART IN THEATRE

THIS YEAR'S PRODUCTION IS...

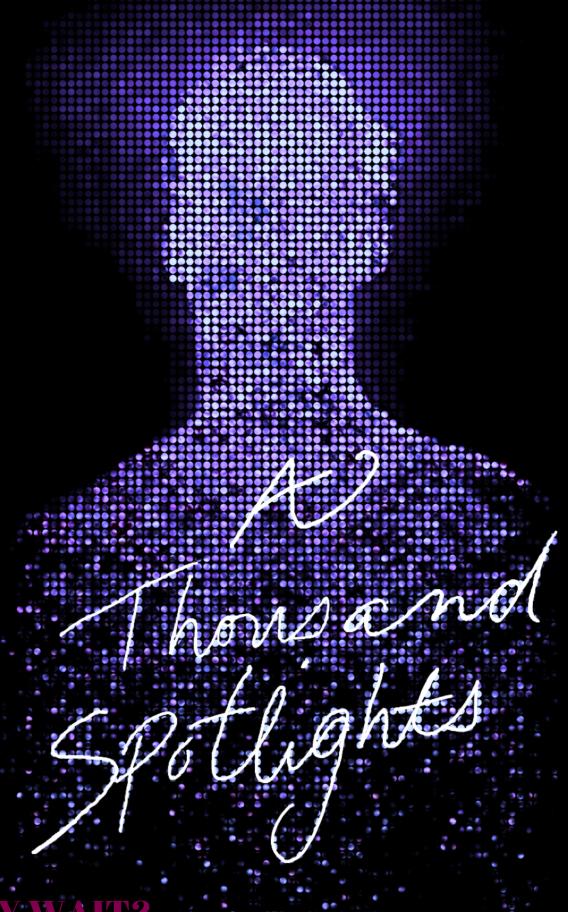








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WHY WAIT? Call 610-417-2189



Tel: 610-417-2189

## 2019 ENROLLMENT FORM

PLEASE COMPLETE BOTH SIDES

Email: SingforAmericaProductions@gmail.com Actor Name Grade (in September 2019)\_\_\_\_\_ Birth Date Gender How did you hear about SFA?\_ (If found online, what search phrase was used) Actor info Actor Desired Phone # T-SHIRT SIZE: S M L XL (ADULT SIZES) Every actor receives a free t-shirt! Parent/Guardian #1 First & Last Name\_\_\_\_\_ Relationship\_\_\_\_ \_\_\_\_ Email \_\_\_\_ State Zip Home address if different from actor's Citv Country Check if ABOVE person should be \_\_\_\_\_invoices \_\_\_\_info. & forms Save our trees! Check here to receive by email only! sent: Parent/Guardian #2 First & Last Name \_\_\_\_\_\_Relationship\_\_\_\_\_ \_\_\_\_\_ Email \_\_\_\_\_ \_Employer State Zip Country City Home address if different from actor's Check if ABOVE person should be sent: invoices info. & forms Save our trees! Check here to receive by email only! Health Insurance Co.\_\_\_\_\_Policy #\_\_\_\_\_ Current school/school you will attend next fall\_\_\_\_\_\_/ Camp(s) you attended (list years) \_\_\_\_ Will you be bringing any medications? If Yes, Which Ones? Dietary Concerns Y N Allergies Y N Details

I wish to enroll				sub	eject to the conditions below:
First Home Address	LastHome Phone				
					77
City  My child is 5-11yrs ~ \$595.00	State	ZIP My child is 12	2-17yrs ~ \$79		y if outside US  I am over 18 ~ \$795.00
My child's admission to SFA Summer registration, all programs, all private lesson this program precludes any tuition refund or arrival, early withdrawal, non-arrival or disming I hereby give Sing for America the abstract and to use, reproduce, edit, exhibit, publication with the product and to use, reproduce, edit, exhibit, publication in the product and and the product and the product and the product and the product and the products, copy, and/or sound tracks, and he any and all claims arising by virtue of any botherwise, that may occur or be produced in or Participant, and from any and all claims following the product of the product of the produced in the prod	s, room a reduction issal for cassal for cassal for cassal for cassal for cassal for cassal for conded prid I hereby coducts, are to control ereby discolurring, dispose the production the production to control for violatio	and board, supervising Additionally, there ause. Inconditional, and irresplay, copyright, and irresplay, copyright, and or to, during and/or consent to the use ad/or editorial, prometany aspect of any charge and agree to stortion, alteration, or of any personal as	on, gratuities, tries shall be no pervocable right and publish, photo which I and/or after the theatriof all printed matorional, and printed production, alter the hold SFA harmoptical illusion, or duplication, projend all proprietary	ips outside of partial refundad permission ographic image Participant a dical event and ted copy and eration, use, nless and full or use in comecting, or disyrights me of partial refundad parti	of camp. The preperatory nature of granted for any camper's late on to use my name and Participant' ges and/or moving pictures and/or are included, in whole or in part of the circulate same in any and a ction therewith and waive all right I sound tracks that may be used it distribution or disposition of saily indemnify SFA from and again posite form, whether intentional or the Participant may have or ma
**Sibling Rate: 50% off each additional fami	ily membe	er			
Mail Forms and Payment (if check) to:					
Sing for America 6 Wilden Dr. Easton, Pa 18045					
Payment Methods: Credit Card (via 610-41 filled on a first-come, first-paid basis. If a pay					llment is subject to availability an
I understand that signing (digital or handwrite to the above Terms of Acceptance.	tten) in the	e box below constit	utes a legal sign	ature confirn	ning that I acknowledge and agre
Please complete and sign below					
Participant's Signature:			Date		
Parent/Custodial Signature(If under 18)				Date	
Phone: ( )					