

Coffman High School Drama Club's 9th annual Drama Camp!!! **Wizard of OZ**

Information Flyer / Sign up sheet

Who? Boys and girls in grades K - 8 interested in exploring and participating in theatre.

What? Dublin Coffman Drama Students, and teachers will instruct campers in a variety of theatrical activities AND they will get to perform with us on stage during a REAL Full scale SHOW!!!!

When? Camp is January 10th from 9am to noon. see below for performance times for different age groups.
Camper times and performances are NEW THIS YEAR!!! MS kids get to perform in lots of presentations of the show!

	K through 5 th Grade	Middle School Campers
Saturday Jan 10th	9am to noon (snacks will be provided)	9am to noon (snacks will be provided)
Thurs Jan 15 7pm Friday Jan 16 7pm Sat Jan 17 - 1pm Sat Jan 17 - 7pm Friday Jan 23 7pm Saturday Jan 24 7pm	Free entrance for camper with camper T-shirt Free entrance for camper with camper T-shirt Performer for this show - Arrive / check in at 11am Free entrance for camper with camper T-shirt *(see below for info) *(see below for info)	Performer for this show - Arrive / check in at 5pm Performer for this show - Arrive / check in at 5pm Free entrance for camper with camper T-shirt Performer for this show - Arrive / check in at 5pm Performer for this show - Arrive / check in at 5pm Performer for this show - Arrive / check in at 5pm

Where? Dublin Coffman High School Performing Arts Center 6780 Coffman Rd, Dublin Ohio 43017

Cost? \$40.00 (includes camp participation, t-shirt*, snacks, Professional photo, and performance(s) in show.

*We anticipate a large (possibly sell out crowd) on both Fri Jan 23rd and Sat Jan 24th. Campers who want to come those performances will need to get an online "\$1 for processing charge" ticket ahead of time - email Mr. Stowell for instructions.

Forms and payment are due Dec 3rd !!!

***To receive a t-shirt, and to get a spot - you must turn in registration asap!**

If you have questions, please contact drama teacher Dan Stowell at stowell_dan@dublinschools.net

Camper's Name _____ Grade _____

Address _____

Telephone (h) _____ (c) _____

Parent's name(s) _____

(please write clearly)

Parent's email : _____

T-shirt size (please circle) YS YM YL YXL AdultS AdultM AdultL AdultXL

Friend (sibling) request for group placement _____

Food / other Allergies _____

Please list any other concerns (or Health related info) on reverse.

Please send this form and payment to:

Traci Shockley

7085 Shady Nelms Dublin 43017