

2010 Summer Theatre Camp

Experience classes taught by leading New York professional artists who specialize in story-telling, writing, dance, mime, music and stage production techniques.

What is Urban Stages?

An award winning Off-Broadway theater company with more than 20 years of experience, Urban Stages is dedicated to discovering and nurturing exceptional new plays.



Urban Stages Theatre

Located at 259 West 30th Street (between 7 and 8th Ave.), Urban Stages is a 75-seat theatre— an intimate, charming space with air-conditioning and excellent technical capabilities.

From left to right:
Marion Bridge by Daniel MacIvor,
Bulrushes by Eisa Davis (2007 Pulitzer Prize Finalist).

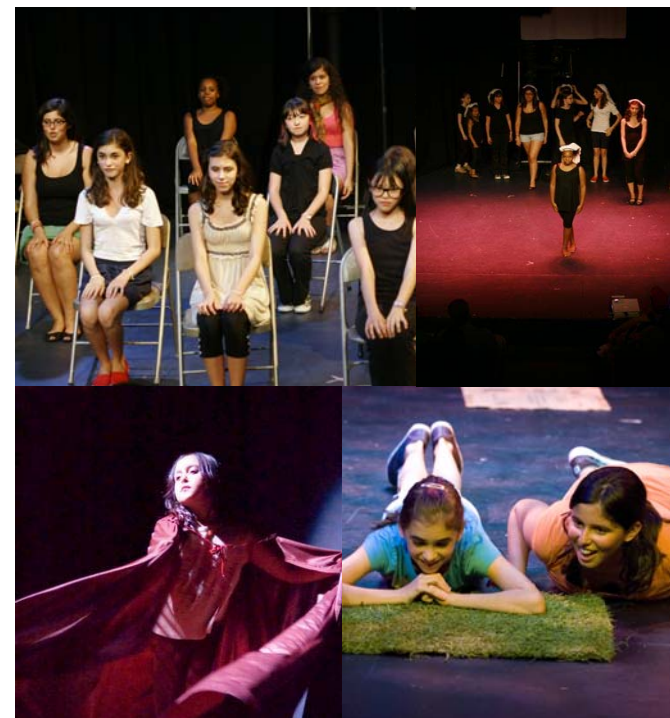


Frances Hill, Artistic Director ♦ Lauren Schmiedel, Managing Director ♦ Lori Ann Laster, Program Director
T: 212.421.1380 F: 212.421.1387
www.urbanstages.org

555 8th Ave, Suite 1800
New York, NY 10018



urbanStages



2010

Summer Theatre Camp

June 28th – July 30th

Mon-Fri 9:30AM - 5PM



Urban Stages Summer Theatre Camp

GOALS OF THE PROGRAM

- To provide fun, engaging creative learning experiences.
- To help develop self-esteem and respect for peers.
- To expand students' ideas of what art can be.
- To help build a lifelong love of the arts.
- To provide a supportive environment where young people can expand their knowledge of theater.
- To provide top-notch training in the various elements of theater, including playwriting, acting, music, and dance.
- To provide an understanding of the components involved in mounting a theatrical production.

Campers take classes taught by leading New York professional artists who specialize in story-telling, playwriting, directing, dance, mime, music, singing, stage design, and production techniques.

Spend the summer creating your own collaborative theater piece, which will then be produced on stage at Urban Stages Theatre during the final week of summer camp!

WHEN: June 28th - July 30th, 2010 (5 weeks, Monday - Friday)
9:30AM - 5:00PM

WHERE: Urban Stages Theatre,
259 West 30th Street, between 7th & 8th Avenues

WHO: Students 10 - 14 years old (6th-8th grades). No previous experience necessary.

COST: \$1,800 per student
(After June 1st a late registration fee of \$150 will be added)

TO APPLY: Call Urban Stages for an application, interview, or questions at 212.421.1380 or email lorilaster@urbanstages.org.

*Space is limited - The classes will be small with a **maximum of 15 students in the camp**. Early applications are strongly encouraged!

Quotes from past Campers and Parents:

"No other theatre camp was ever like this—it was so much fun and I want to go back!"-Molly, age 13, a 2009 camper



"[My son's] experience at Urban Stages was so powerful that he continues to practice the dances and sing the songs from [the final show]. In five short weeks, Zachary made friends and grew to understand a little bit more about himself and a lot more about the world. He cannot wait to return!"
-Ginny Louloudes, parent of a 2009 camper and Exec. Dir. of A.R.T./NY

"Urban Stages was a fabulous experience!"
- Nicolette, age 11, a 2009 camper

"I almost felt like I was at an Off-Broadway show. Most impressive was how every child had the chance to be a star!" -Susan McQuillan, parent of a 2009 camper





Playwrights Preview Productions, Ltd.

Frances Hill
Founder/Artistic Director

Dear Parent or Teacher,

Lauren Schmiedel
Managing Director

Thank you for your interest in Urban Stages Summer Theatre Camp!

Lori Ann Laster
Program Director

We are excited to announce the sixth year of our annual summer theatre camp! Our summer theatre program provides campers with professional theatrical training and the opportunity to create an original collaborative theatre piece, which is presented on our Off-Broadway stage at the conclusion of camp.

Board of Directors

Directors Emeritus
Pat Davis
Peter Connick
John Mueller

Professional actors, directors, dancers, and writers who have worked in TV/film, on Broadway and Off-Broadway teach campers classes in the various elements of theatrical craft. Campers participate in all aspects of mounting the summer camp production, from writing the script, to constructing the set, to performing in the final show.

Mary Churchill
President

The camp will run from June 28th to July 30th Monday through Friday from 9:30AM to 5:00PM. We are accepting campers ages 10 to 14. Campers do not need to have had previous training in theatre arts, but should have a sincere interest in theatre and be enthusiastic about participating in the camp.

Peggy O'Brien
Vice President

Marjorie Federbush
Secretary

The cost of the camp is \$1,800 per student. There is a \$300 nonrefundable fee to hold a camper's place. Since we are a small camp and have limited space, we encourage campers to apply early. The remaining payment of \$1500 is due before June 1st.

Thomas Hehman
Treasurer

The theatre does not provide lunches or beverages; however, there will be plenty of water. The camp will take a lunch break and go to a park nearby for sun and fun. Parents should provide their child with an afternoon snack to have later in the day.

Peter Connick
Tom Fitzpatrick
Joanne V. Graham
Ellie Hartz

For more information about Urban Stages, check out our website at www.urbanstages.org. If you have any questions, please contact program director Lori Laster at 212.421.1380.

Frances Hill
John Mueller

Lynn San Andres
Elizabeth Santini
Martha Sproule
Stanley Zareff

Best regards,

Lori Laster, Program Director
Urban Stages
www.urbanstages.org
555 8th Ave, Suite 1800
New York, NY 10018
212. 421. 1380
lorilaster@urbanstages.org

P.S.: Enclosed please see a contract, application, and health form. The application and contract should be sent in with the deposit. The health form must be in at least two weeks prior to camp.



URBAN STAGES
2010 SUMMER THEATRE CAMP
June 28th - July 30th (9:30 AM to 5 PM)

"An exciting 5 weeks of learning and performing at an award-winning professional theatre."

Frances Hill, Artistic Director ♦ Lori Laster, Program Director

Office: 555 8th Ave, Suite 1800
New York, New York 10018
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A P P L I C A T I O N

Camper's Name: _____

Address: _____

State _____ City & Zip _____

Phone: _____

E-mail: _____

Parent or Guardian: _____

Address: (If different from above) _____

Phone: (If different from above) _____

Email: (If different from above) _____

Summer phone: (If different from above) _____

School & Grade: _____

Age & Date of Birth _____

QUESTIONS *(To be filled out by camper)*

If you need additional space, please use an additional sheet of paper.

What do you like most out of the following: acting, dancing, singing, writing, or working on sets & costumes? Why?

Have you had any experience in the performing arts? *(Please explain)*

What is your favorite play, movie or TV show? Why?

Why do you want to attend Urban Stages' Summer Theatre Camp?

Signature of Student _____

Signature of Parent or Guardian _____

Date _____



Playwrights Preview Productions, Ltd.

Frances Hill
Founder/Artistic Director

Lauren Schmiedel
Managing Director

Lori Ann Laster
Program Director

Rowena Potts
Development Associate

URBAN STAGES SUMMER THEATRE CAMP

2010 CONTRACT

Frances Hill, Artistic Director
Lori Laster, Program Director

Board of Directors

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Peter Connick
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Mary Churchill
President

Theatre: 259 West 30th Street
New York, New York 10001

Peggy O'Brien
Vice President

Camper's Name: _____

Marjorie Federbush
Secretary

Parent or Guardian: _____

Thomas Hehman
Treasurer

Address: _____

City _____ *State and Zip Code* _____

Peter Connick
Tom Fitzpatrick
Joanne V. Graham

Home Phone: _____ *Cell Phone:* _____

Ellie Hartz
Frances Hill
John Mueller

Work Phone: _____ *E-mail:* _____

Lynn San Andres
Elizabeth Santini
Martha Sproule
Stanley Zareff

Summer Address: (If different from above) _____

_____ *Phone:* _____

Number where Parent or Guardian may be reached during camp hours:

Other Contacts: _____

Contact Information for Physician:

Does your child have any allergies? _____

Does your child have any physical disabilities? _____

Does your child take any medication during the day? _____

If yes, what medication? _____

Who will be bringing and picking up your child from camp?

Lunch and Snack: Your child is required to bring a lunch and afternoon snack to the camp each day.

Transportation: Parents are responsible for their child's transportation to and from camp.

Orientation: A parent or guardian must attend the orientation seminar on the morning of the first day of camp. It will start promptly at 9:30AM and end around 10:00AM. This is a mandatory meeting.

Health Form: Health Forms must be submitted at least two weeks (June 14th) prior to the first day of camp. Children will not be able to attend camp without proper submission of the Health Form.

***Rules and Regulations:** If a camper violates any major rules and/or regulations (attached here to) of the camp, Urban Stages reserves the right to suspend and/or expel said camper without a tuition refund.

Payment: To reserve a place in the camp a \$300 non-refundable deposit is required on the signing of this contract. To avoid the late registration fee of \$150, this deposit must be put down before June 1st. The additional \$1500 is due by June 1st. Your child will not be able to start camp until the full payment has been received. After June 1st, we cannot refund any tuition funds; however, since we are a tax-deductible organization, it will be classified as a donation.

If the foregoing terms are acceptable, please sign and date where indicated below, in which event this shall constitute a binding agreement.

Parent/ Guardian Signature: _____

Date: _____

***CAMP RULES & REGULATIONS**

Please review all camp rules with your camper(s). These camp rules are written for the purpose of ensuring the safety of all campers and staff and the overall success of the camp. Any violation of these rules may result in the immediate dismissal from the camp without refund.

- Campers must practice proper conduct at all times, obeying all safety rules and regulations.
- If a child continues to disobey safety rules, disciplinary action will be taken, including suspension and expulsion.
- Respect shall be shown to all fellow campers, counselors, teaching artists and administrative staff.
- The physical or verbal abuse of other campers or staff will not be tolerated.
- Any physical or verbal acts that threaten the safety of campers and/or staff members will result in immediate expulsion of the camper.
- Campers may not use any kind of electronic device without the permission of the camp director or camp administrator.
- No camper may possess any form of weapon, illegal drugs, and/or flammable materials.
- Obscene language is prohibited.
- Campers should not steal or vandalize camp property and/or the property of others.

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

_____ / / M F
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

Allergies

- | | |
|--|---|
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> Seizures _____ | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Insect Stings _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Penicillin _____ |
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Other Drugs _____ |
| | <input type="checkbox"/> Food _____ |

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.# _____

PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY – This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenzae type b (Hib)		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

MEDICAL EXAMINATION – To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory

X = Not Satisfactory (Explain)

0 = Not Examined

General Appearance _____

Genitalia _____

Height _____ Weight _____ Blood Pressure _____ Posture & Spine _____ Throat - Tonsils _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____ Feet _____ Lungs _____ Skin _____

Hgb. Test (Date) _____ Urinalysis (Date) _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

Allergy: (Please specify) _____

Recommendations and restrictions while in camp:

Special Diet _____

Special Medicine (dose, route of administration, when should it be administered) _____

Is parent/guardian sending special medicine? _____

Activity Restrictions _____

Swimming _____ Diving _____

General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

M.D.

EXAMINING PHYSICIAN (SIGNATURE)

PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____ Address _____

Date of Examination _____

ZIP CODE