



# Announcing Bishop Gorman High School's Gael's Theatre Guild 2017 Summer Musical Theatre Camp

At this musical theatre camp, students will work on the combined disciplines of acting, singing and dancing.  
The purpose of musical theatre training is to develop and shape the "triple threat."

**Additionally, all participants will perform in a showcase that will be presented on Friday, June 16th at noon.**

## WHEN IS THE CAMP?

Monday through Friday,  
June 5th-16th (2 weeks)

## TIME:

8:30 A.M. - 12:30 P.M.

## ATTIRE FOR THE CAMP:

Sneakers and clothing to enable movement.

Camp t-shirt and daily snack will be provided.

## WHO IS ELIGIBLE?

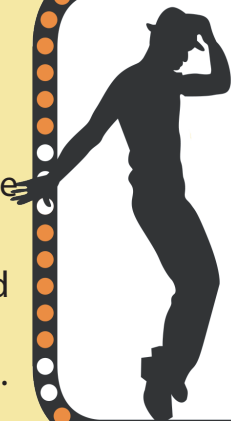
Rising 4th-8th grade students

## LOCATION:

Bishop Gorman High School's Theatre Complex

**BISHOP GORMAN  
HIGH SCHOOL**

**GAELS  
OFF-BROADWAY  
SUMMER  
MUSICAL THEATRE  
CAMP**



## COST:

\$300

## PAYMENT OPTIONS:

EARLYBIRD SPECIAL:

If full payment is received by Friday, April 28, 2017, a 10% discount will be applied.

OR:

Place a \$100 non-refundable deposit due on or before April 28, 2017. Balance due on or before May 15, 2017.

For more information, please  
Call: 702-476-4175 or

Email: [performingarts@bishopgorman.org](mailto:performingarts@bishopgorman.org)

To secure your registration, please return the bottom portion of this form as well as payment to: Bishop Gorman High School Theatre Box Office  
5959 S. Hualapai Way, Las Vegas, NV 89148

CHILD'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_ YOUTH or ADULT T-SHIRT SIZE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT/GUARDIAN TELEPHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

I, the undersigned parent or legal guardian, give permission for \_\_\_\_\_ to participate in the Bishop Gorman High School musical theatre camp on June 5-16, 2017. I assume all responsibility for any injuries that may occur to the above mentioned minor. I agree to release BGHS and camp instructors from all claims. If you have any questions, contact Elena Ferrante-Martin at [eferrante-martin@bishopgorman.org](mailto:eferrante-martin@bishopgorman.org).

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_