



SAAC SUMMER ARTVENTURE 2019

ART + Adventure = Fun!



JUNE 3-7 • BALLET CAMP Jr Mother Goose Meets Mozart Stephanie Lowrey
 Grade K-3 1-5pm Mon-Fri • Performance 5:30pm Fri **\$110/135**

JUNE 10-14 • ART CAMP It's ART Humongous Mike Means, Maria & Jorge Villegas
 Grade 1-8 8am-Noon Mon-Fri **\$110/135**
 Grade 1-8 1-5pm Mon-Fri **\$110/135**

JUNE 17-21 • MOVIE CAMP Jr Art Spark Movie Camp Mike Means
 Grade 2-6 8am-Noon Mon-Fri **\$110/135**

JUNE 17-22 • Broadway Camp A Week on 5th Ave. Brent Miller, Hannah Davis
 Grade 7-12 8am-Noon Mon-Fri • Performance 2pm Sat **\$110/135**

JUNE 24-28 • MOVIE CAMP ARTventure Videos! Mike Means
 Grade 7-12 8am-Noon Mon-Fri **\$110/135**

JULY 29 - AUG 2 • THEATRE CAMP Topsy Turvy Kristen Blossom, Hannah Davis
 Grade 2-5 8am-Noon Mon-Fri • Performance 6pm Fri **\$110/135**
 Grade 6-9 1-5pm Mon-Fri • Performance 6pm Fri **\$110/135**

AUG 5-10 • BALLET CAMP Adventures of Peter Pan S Lowrey, C Lowrey, E Woods
 Grade 4-6 1-5pm Mon-Fri • Performance 2pm Sat **\$110/135**
 Grade 7-12 3-7pm Mon-Fri • Performance 2pm Sat **\$110/135**

TO REGISTER
Return Completed Form Signed by a Parent with Payment to SAAC at 110 East 5th Street, El Dorado, AR 71730

Make checks payable to SAAC. Class fees are non-refundable. Class sizes are limited and will be filled on a first come basis.

Scholarships Available provided by SHARE Foundation and Union County Community Foundation

SAAC members and their out of town guests are eligible for the discounted camp rate. Camp fees for new and renewing students include a \$25 student membership which is good for discounts on classes and programing for one full year at SAAC.



STUDENT INFO • MEMBER or OUT OF TOWN GUEST NEW or RENEWING (One Year Student Membership \$25)

NAME _____ Youth: S M L
GRADE ENTERING _____ AGE _____ BIRTHDAY _____ Adult: S M L XL

Any allergies or special needs? If so, please let us know.

PARENT/GUARDIAN INFO • MUST INCLUDE WORKING EMAIL OR CELL NUMBER TO CONTACT A PARENT

NAME/Relationship _____ CELL PHONE _____
Contact 1
EMAIL _____ DAYTIME PHONE _____
NAME/Relationship _____ CELL PHONE _____
Contact 2
EMAIL _____ DAYTIME PHONE _____
ADDRESS _____ HOME PHONE _____
CITY, ST, ZIP _____

EMERGENCY CONTACT • MUST LIST SOMEONE OTHER THAN THE PARENTS

NAME _____ DAYTIME PHONE _____

SAAC reserves the right to drop registrants from class for: A. excessive lateness and/or absence B. disruptive behavior C. non-payment of tuition or other charges. In the event of an accident or illness, I will be notified immediately. If I cannot be reached, I hereby designate the person listed above as the emergency contact as the person to be contacted.

PHOTO WAIVER - I give permission to the SAAC to photograph or film my family, and use our likeness in publications created by SAAC or its affiliates. I understand that all images become the property of SAAC. I agree that this material may be published in, but is not limited to, educational textbooks (including electronic versions), supplemental products, company websites, social media, and advertising materials, and I understand there will be no compensation. I grant the SAAC permission to edit content where necessary without review.

LIABILITY WAIVER - I understand that I hereby waive and release the South Arkansas Arts Center (SAAC), an Arkansas non-profit organization, of any and all claims, including personal injury claims, or cause action of any kind arising out of membership, activity or association with SAAC except those claims specifically covered by insurance provided by SAAC, and then only to the extent of such insurance coverage. I further understand that SAAC is not responsible for any articles lost or stolen during participation in SAAC productions or activities.

Signature _____

(Parent must sign if child is under 18)

Date _____