

LYRIC OPERA SUMMER CAMP 2009

- WHO:** 80 YOUTH, AGES 10 TO 18 YEARS OLD
- WHEN:** MONDAY, JULY 27th to FRIDAY, JULY 31st
AND
MONDAY, AUGUST 3rd to FRIDAY, AUGUST 7th
11:00 a.m. to 3:30 p.m.
- WHERE:** LYRIC THEATRE, 11th and CENTRAL, Kansas City, MO
- COST:** \$350.00 (*Need-based scholarships are available.*)

DAILY SCHEDULE

- 11:00-11:45 Singing games, music reading activities, choral rehearsal with high quality music and emphasis on correct vocal technique
- 11:45-12:30 ***Tosca*** by Puccini: exciting activities to study the opera's story and music
- 12:30-1:00 Lunch (**EACH CAMPER MUST BRING A SACK LUNCH AND DRINK.**)
- 1:00-3:30 Theater workshops, visits from special guests, opera rehearsal, and snack
- 3:30-4:30 Optional class for campers in grades 8-12

FIELD TRIPS, GUESTS, AND ACTIVITIES

Activities will center around the time period and action in the opera ***Tosca***. Campers will study the opera in-depth and learn a large portion of the music. Lyric Opera stage director Linda Ade Brand will provide daily theater workshops to lead the campers in exploring the basics of creating realistic acting characterizations and story theater techniques. A select group of singers will be chosen to sing in the main stage production of ***Tosca***. Campers will prepare a full choral recital and a 40-minute family opera, ***Cinderella***. Visiting artists will include professional opera singers, designers, and Maestro Ward Holmquist, Lyric Opera's artistic director. **FAMILIES ARE ASKED TO SAVE FRIDAY, AUGUST 7th for a POTLUCK LUNCHEON AND CAMP PERFORMANCE AT THE LYRIC THEATRE.**

**LYRIC OPERA SUMMER CAMP
2009 Registration**

CAMPER NAME _____ BIRTHDATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAME _____

E-MAIL _____ HOME PHONE () - _____

WORK PHONE () - _____ CELL: () - _____

PERTINENT MEDICAL
INFORMATION: _____

SCHOOL
ATTENDED 2008/09 _____

School District _____ Grade Next Fall _____

SCHOOL NEXT FALL _____

PLEASE CHECK ONE (*Please note: there is no discount for missing dates.*):

___ MY CHILD IS PLANNING ON ATTENDING ALL TEN DAYS OF OPERA
CAMP.

___ MY CHILD WILL NEED TO MISS THE FOLLOWING DATES OF OPERA
CAMP:

(LIST DATES CHILD WILL NEED TO MISS.)

T-SHIRT SIZE (Circle one.)

Child S Child M Child L Adult S Adult M Adult L

PHOTO/VIDEO RELEASE:

LYRIC OPERA HAS MY PERMISSION TO USE MY CHILD'S IMAGE IN LYRIC OPERA BROCHURES AND PR PUBLICATIONS, NEWSPAPER AND TV CAMP PROMOTION, AND THE LYRIC CAMP VIDEO.

(Parent Signature)

___ PLEASE CHECK HERE IF YOU ARE WILLING TO DONATE MONEY FOR A DESERVING CHILD TO COME TO CAMP ON SCHOLARSHIP.

DONATION AMOUNT \$ _____ (ANY AMOUNT WILL BE GREATLY APPRECIATED, AND OF COURSE, TAX-DEDUCTIBLE.)

PLEASE RETURN REGISTRATION FORM AND CHECK TO:

**PAULA WINANS, EDUCATION DIRECTOR
LYRIC OPERA OF KANSAS CITY
1029 CENTRAL
KANSAS CITY, MO 64105**

PLEASE MAKE CHECK PAYABLE TO:

LYRIC OPERA SUMMER CAMP

THIS SECTION FOR OFFICE USE ONLY

DATE REGISTRATION WAS RECEIVED _____

AMOUNT PAID _____ (A \$50.00 NON-REFUNDABLE DEPOSIT IS NECESSARY TO RESERVE A PLACE IN CAMP.)

AMOUNT DUE _____