

2016 LOCO ARTS SUMMER CAMPS
@ The Newport Rec Center
(Contact for SEEDlings @ Mayapple details)
 Check box for camps

Creative Movement

(Ages 3-6)

July 18 -22 from 8:45a – 12:00p
 A Moving Start **\$125**

Excuse Our Mess

(Ages 3-6)

July 11 – 15 from 8:45a – 12:00p
 Art Experience **\$125**

Theater Arts Camp for Kids @

Macy McClaugherty Elementary

LoCo Arts/Giles Arts Council Collaboration

(Ages 5-9)

June 27 – 30 from 9:00a – 12:00p
 Get in the act **\$75**

Appalachian Culture

(Ages 7-12)

June 27 – July 1 from 12:00 – 5:15p
 Explore your roots **\$180**

Dance Lab

(Ages 7-12)

July 25 – 29 from 12:00 – 5:15p
 Dances from scratch **\$180**

What's Your Medium?

(Ages 7-12)

July 18 – 22 from 12:00 – 5:15p
 Find your art **\$180**

Summer Shakespeare: A Comedy of Errors

(Ages 10-15)

July 9 – 23

Saturdays from 10:00a – 3:00p

Weekdays from 8:45– 11:30a
 Performance: July 23 **\$125**

Mural Arts Camp: PATS in Pearisburg

(Ages 13-17)

June 17 & 18 from 12:00 – 7:00p
 Paint the town **\$100**

Return this form with payment to:

LoCo Arts, P.O. Box 192

Newport, VA 24128

SCHOLARSHIPS ARE AVAILABLE

CALL 540-544-3907 for information

Name: _____

Birth date: _____ Gender: F ____ M ____

Address: _____

Emergency Contact: _____

Phone: _____

Parent/Guardian _____

Phone: _____

Email: _____

Cancellation Policy: Minimum six participants are needed to run each summer camp. If enrollment requirement is not met within one week of camp start dates, you will be notified of the cancellation and receive a full refund. Where enrollment is successful, participant cancellations will receive a full refund up to four weeks prior to the first day of camp, with 50% refunded before the two-week mark. NO refunds will be issued once two weeks remain.



**All Camps include a thoughtfully sourced and prepared snack or meal. Please list any food allergies here:*

Parental Waiver: *As parent/guardian of participant(s), permission is granted to engage in the selected LoCo Arts summer camp(s). Participant guardians understand and agree that their children may be photographed and/or videotaped for the research/outreach purposes of LoCo Arts programs. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge, and hold harmless the organization LoCo Arts, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for all injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency medical treatment to the participant(s), no matter how severe.*

Parent/Guardian Sign: _____

Date: _____ **Amount enclosed:** _____