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TUITION:
\$200 for 2 weeks
Full Scholarships &
Financial Aid Available



**FOR INFORMATION
& APPLICATION
CONTACT: Marcy
818-895-1461 or
interplaykids@gmail.com**

I HAVE A DREAM

**A Storytelling
Performing Arts
Workshop**

I HAVE A VOICE



PERFORMANCE:
Saturday
August 13th
at 11 AM



CAMP DATES: August 1-12, 2011
CAMP TIMES: 2:30pm-5:30pm
**WHERE: NoHo Arts Center,
11136 Magnolia Boulevard
North Hollywood, CA 91601**

www.interactla.org



DEPARTMENT OF CULTURAL AFFAIRS
City of Los Angeles



CRA/LA
BUILDING COMMUNITIES



InterPlay Theatre Arts Camp 2011 Summer Program Application

Name of child:	DOB: Age:	M/F (circle)	
Primary Address:	City:	CA	Zip Code:
Home Phone:	Work/Cell Phone:		
Name of Mother/Guardian:			
Address:	City:		Zip Code:
Name of Father/Guardian:			
Address:	City:	Zip Code	
Emergency Contact:	Phone Number:		
School child attends:			
Child will not be released to any person not listed on this application.			
Please list all allergies, medications or special needs:			
Is the child a returning camper (circle) Y/N			
Will you be applying for financial aid? Partial and full scholarships available: (circle) Y/N If yes, continue to page 2.			

InterPlay 2011, "I Have a Dream--I Have a Voice" is a two-week program that culminates in a live theater performance. By signing this application, you are committing your child to the full two-week program, August 1-12, and the final performance on August 13.

A \$50 deposit is due with this application, with the remainder paid in full on August 1st. If you are applying for financial aid, no deposit is due at this time.

Please submit your completed application by July 15, 2011 to:
 Interact Theatre Company
 INTERPLAY 2011
 P.O. Box 349
 North Hollywood, CA 91603

For more information or questions please email Amanda Tepe at: amandatepe@yahoo.com

I, _____(name) certify that I am this child's parent or legal guardian, and I understand that by signing this document I am committing my child to the full two-week involvement in InterPlay 2011.

Signature: _____ Date: _____

InterPlay Theatre Arts Camp
 2011 Scholarship Application



It is our sincere desire that no child be denied the opportunity to attend camp because of financial difficulties. We work hard raising scholarships to see that this does not happen, but we can make no guarantees. If you feel your child qualifies for a camp scholarship, please fill out the application below for each applicable child and include a letter of recommendation from your child's teacher.

Given our limited scholarship availability, please help us by telling us how your child will benefit from our program so we can best determine financial aid assistance.

Name of Child:	Number of siblings and ages:
Total number of family members in household:	Stated annual income:
How will your child benefit from attending InterPlay? What is your primary reason for applying to InterPlay this year?:	
Please tell us any other information that you would like us to know and take into consideration when awarding our scholarships:	