



NEW MOON
PRODUCTIONS



CITY OF
West Linn

PRESENT

MUSICAL CREATION SUMMER CAMPS



CREATE YOUR OWN MUSICAL THEATRE PLAY
AND PERFORM IT!



New Moon Productions, SUN Community Schools and West Linn Parks & Rec. presents a unique Summer Camp in which the students will create and perform an original musical theatre play.

The students are guided by nurturing professional teachers - Michael Wehrli and Kristina Armetta - in writing a play based on an idea or issue that is of importance to the students. They will create their characters, edit the text, compose the music, rehearse and perform their own original musical play.

Through this process the young artists will gain self confidence, artistic growth, awareness of the strength of community, and most of all – a safe forum where they can express their views and feelings.

What makes this program so unique? The personal empowerment aspect and the complete ownership of the finished theatrical piece by the students. Prior class experience is recommended.



THE INSTRUCTORS:

Michael Wehrli

Theatre Professional, Artistic Director of New Moon Productions

Kristina Armetta

Professional Music/Theatre Performer and Teacher



TO REGISTER:

Dates / Times: July 20-31, 2009, 9:00am - 3:00pm

Mondays-Fridays (two weeks)

Performances evening of the last Friday

Location of Camp - Rosemont Ridge Middle School (20001 Salamo Road, West Linn).

Performances at Sunset Primary School (2351 Oxford)

Ages - 10-17

Cost - \$425

To Register:

Online Registration - www.westlinnoregon.gov/parksrec/parks-recreation-home

OR call 503-557-4700

Please use this class info when calling / internet:

Activity # 6102.301. Name: "Musial Creation Summer Camp"

Some partial scholarships are available for those with limited financial means (West Linn residents only).

Enrollment is Limited!!!



Check out our website for more detailed information about the camp —www.newmoonproductions.org

ACTIVITY REGISTRATION FORM

CITY OF WEST LINN

REGISTER ONLINE AT www.westlinnoregon.gov/parksrec

PARTICIPANT NAME _____ M or F DOB _____ GRADE _____

PARENT/GUARDIAN NAME _____ DOB _____ SCHOOL _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____

ANY MEDICAL CONDITION, ETC. _____

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO PARTICIPATE, PLEASE EXPLAIN HERE _____

CITY OF WEST LINN RESIDENT? YES NO
CLASS # ACTIVITY TITLE START DATE/TIME

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL Amount Due			\$ _____

Recreation Scholarship Fund: YES, I would like to contribute \$1.00 \$2.00 \$5.00 , or other \$ to the Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation programs in our City who otherwise may not be able to participate. Please include this with your payment. Thank you for your donation.

Make Check to: City of West Linn
Mail to: City of West Linn
Recreation Program
22500 Salamo Road, #1100
West Linn, Oregon 97068
503.557.4700
503.656.4106 Fax

\$ Amount to charge _____ CVC # _____
Charge card # _____ Exp. Date _____
Cardholder Name _____
Cardholder Signature _____
Office Use Only: Approval Code _____

WAIVER

In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the City, its Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

_____ ** I have read the above waiver and understand the contents**

Signature (Parent or guardian)