



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

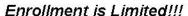
To Register:

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).





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	PH	IONE	
ANY MEDICAL CONDITION, ETC			
IF YOU HAVE A DISABILITY AND REQUIR PARTICIPATE, PLEASE EXPLAIN HERE			
CITY OF WEST LINN RESIDENT? CLASS # ACTIVITY TITLE Recreation Scholarship Fund: YES, I would Recreation Scholarship Fund. This fund all who otherwise may not be able to participate.	START DATE/TIME do like to contribute\$1.00 _ lows children from West Linn	TOTAL Amoun\$2.00 \$5.00, or to attend recreation	sst Due \$t to the a programs in our City
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 Charge card # Carholder Name Cardholder Signature Office Use Only: Approv	CVC#E	xp. Date
In participating in Recreation Programs, sponsored by Thresulting in bodily harm to me arising out of those activit mind. I further acknowledge that I have the physical capa of emergency, accident or illness, I give my permission to be the party responsible for all medical expenses which cil, Boards, employees, volunteers and agents shall be he out of or resulting from my participation in recreation pro*** I have read the above waiver and understand the	ies. I understand that Recreation a neity reasonably necessary to enga- to be treated by a professional med that are incurred in my behalf. It is a ld harmless against all claims, dan ograms. I agree pictures taken may	activities are planned age in Recreation activities person and admit understood and agreed mages, loss or expense	with the safety of the participants in vity for which I have enrolled. In ca- ted to a hospital if necessary. I agree d that the City, its Mayor, City Coun- es including attorney's fees arising
Signature (Parent or guardian)			