

Kids' Acting Network KAN SUMMER CAMP 2010

Kids' Acting Network

Your Completed Application must be submitted to SPAC by MAY 1, 2010.

June 14, 2010 is the first day of Kids' Acting Network, a day camp for local teenagers, providing the opportunity to participate in quality arts instruction in theater performance, technical theater, improvisation and personal storytelling. KAN will be a free, application-based program open to all Siskiyou County junior high and high school students. During the six-week program, 30 students will be split into two sessions, meeting five afternoons or mornings a week for the first five weeks. The sessions will be combined for five full days plus two evening performances during the sixth week. The last three weeks of the camp will include production lunch meetings for all participants. Lunch will be provided by KAN. Throughout the course of the camp workshops in the main aspects of theater production will be conducted by local theater arts personnel.

The camp will culminate with two performances on July 23 & 24.

Curtain time: 7:00PM at SPAC's Dunlap Theatre 315 Yreka St.

For more information, look on our website: siskiyouspac.org

Or contact: Linda Neal (530)926-5062

2010 Camp Schedule

Monday- Friday June 14 - July 23

Morning Session 9:00am - 12:00pm

Afternoon Session 1:00pm - 4:00pm

July 5-23 Lunch will be provided courtesy of the KAN Camp. These lunch production meetings run from 12:00 pm - 1:00 pm.

The final week July 19-23 all campers attend both sessions 9:00 am - 4:00 pm.

Performances July 23 & 24 at 7:00 PM

Location: SPAC'S Dunlap Theatre

S.P.A.C.

315 Yreka Street



This camp is made possible in part with a Challenge America grant from the NEA.



**NATIONAL
ENDOWMENT
FOR THE ARTS**

Camp Personnel

Co-Directors
Marah Winslow
Linda Neal

Assistant Director
Susannah Rea-Downing

Dance & Music Workshop
Sandra Winslow
Will Cooper

Music Workshop
Gerald Murphy
Sam Ceunca & Nancie DeRoss

Set Design & Painting Workshop
Mary Carpelan

TV Commercial Workshop
JJ Lewis-Nichols

Costuming Workshop
Barbara Soule

Videography Workshop
John Cumming

Siskiyou Performing Arts Center
Dunlap Theatre
315 Yreka Street

SPAC Phone: (530) 842-5442
E-mail: siskiyouspac@gmail.com
Website: siskiyouspac.org

Kids' Acting Network KAN SUMMER CAMP 2010

This camp is made possible in part
with a grant from the NEA.



NATIONAL
ENDOWMENT
FOR THE ARTS

S.P.A.C.

315 Yreka Street
Phone: (530)842-5442

Kids' Acting Network Application

Completed Application
Must be received by
May 1, 2010

MAILING ADDRESS: SPAC KAN Camp
PO BOX 407
Yreka, CA 96097

Name: _____ Date: _____
Age: _____ Grade Level: _____
Address: _____

Phone # _____
E-Mail: _____

Student Signature:

Signature of parent or guardian:

**Sign up for: Please number the categories according to your interest (1-being your favorite).
State your goal in each category.**

- Acting / Improvisation**
- Music / Composition**
- Costuming / Props**
- Stage Lighting / Set Design**
- Videography**
- Dance**

I should be selected for the KAN Camp because:

The 5 things about me you should know:

-
-
-
-
-

Siskiyou Performing Arts Center
Dunlap Theatre
315 Yreka Street
Yreka, CA 96097

Phone: 530 842-5442
Web site: siskiyouspac.org
E-mail: siskiyouspac@gmail.com
L. Neal (530)926-5062

Kids' Acting Network KAN SUMMER CAMP 2010

Emergency Protocol Information

This camp made possible in part
with a grant from the NEA.



NATIONAL
ENDOWMENT
FOR THE ARTS

S.P.A.C.

315 Yreka Street
Phone: (530)842-5442

Mail Your Completed Application to:

SPAC KAN CAMP
PO BOX 407
Yreka, CA 96097

Completed Applications must be received by May 1, 2010

Name: _____ **Date:** _____

Primary Physician: _____

Address: _____

Phone # _____

Emergency Contact Information:

Name: _____

Phone # _____

In case of emergency, I grant permission for
KAN CAMP personnel to seek medical atten-
tion for _____

Parent or Guardian Signature

Please Provide the following information:

List Any Current Medical Conditions:

Do You Need To Take Any Medication At Camp?

Do You Have Any Food Allergies?

(We need to know because KAN will be providing lunch for the second half of the camp.)

I hereby grant permission to use (my child's), _____ name and image
in regard to publicity and performances generated during the KAN CAMP 2010.

Student Signature _____

Parent or Guardian Signature _____

I would like to form or join a car pool for campers in my area. Name: _____

Contact # _____ **E-mail** _____

Siskiyou Performing Arts Center
Dunlap Theatre
315 Yreka Street
Yreka, CA 96097

Phone: (530) 842-5442
Web Site: siskiyouspac.org
E-mail: siskiyouspac@gmail.com
L. Neal (530)926-5062