Camp Format

Monday June 24 - Friday June 28

7:45a.m. - 8:20a.m.: Student Drop Off Parent or Guardian MUST COME IN to drop off your student(s) at the Cafeteria door (W2 door on the back side of school).

7:45a.m. - 8:20a.m.: Breakfast

8:30a.m. - 11:50a.m.: Programming

We will work on a basic understanding of reading music.

We will play music games.

We will learn fun music warm ups. We will learn two different songs and have a performance at the end of the week!

12:00p.m. - 12:30p.m.: Lunch & Student Pick Up

Parent or Guardian MUST COME IN to pick up your student(s) at the Cafeteria door (W2 door on the back side of school). **Contact Us**



Kaci Barry, Camp Instructor Jess Duff, Camp Instructor

913-371-1201



Mrs. Kaci Barry kbarry@wardhigh.org

Mrs. Jess Duff jduff@wardhigh.org



School: 708 N. 18th St., KC, KS 66102

BISHOP WARD HIGH SCHOOL

CHOIR CAMP FOR GIRLS & BOYS IN GRADES 6-8*

(FOR 24'-25' SCHOOL YEAR



Super Early Bird Registration

\$150 per person Now until May 1, 2024

Early Bird Registration

\$175 per person May 2, 2024 - May 31, 2024

Day of Camp Registration

\$200 per person June 10th (session 1) June 17th (session 2)

Camp Cost Includes (for EACH person):

Breakfast each day Various camp sessions Lunch each day Camp T-shirt on the last day Coupon Book for the camper to attend the fall play FOR FREE.

How Do I Register My

EGISTER Student?

Please return the COMPLETED and SIGNED registration form and payment together.

In Person: Deliver to front office at Bishop Ward High School. By Mail: BWHS Theatre Dept.

Attn: Mrs. Barry 708 N. 18th St., Kansas City, KS 66102 **By Email:** Mrs. Barry or Mrs. Duff kbarry@wardhigh.org jduff@wardhigh.org

2024 Bishop Ward Choir Camp	
Registration Form and Waiver	
PLEASE USE ONE REGISTRATION FORM FOR EACH ST	

Student Name:					<u> </u>		
T-Shirt Size (circle one): Youth:	SM MED	LG	Adult: SM	MED	LG	XL	XXL
Parent/Guardian Name(s):							
Home Address:							
Parent/Guardian Contact Numbe	er:						
Parent/Guardian Email:							
Student Age:	G	Frade for 2	2024-2025 school	year: _			
Student's School:							
Total Amount Paid:							
Total Amount Paid: (Payment methods accepted: cash, with the BWHS Athletics Office for	check, mone or pre-registr	y order, de ations OR	ebit or credit card . at the door for d	(over th ay of can	e phon 1p regi	e or in stratic	1-perso on.)
Emergency Contact Person:							
Relationship to Student:			Contact #:				
]	Parent/G	uardia	n Waiver				
Your student ma	y not par	ticipate	e in the 2024	- Choi	r Ca	mp	
	without	your si	gnature.				
I hereby release Bishop Wa invol	U		ny liability in case camp participant.		ent or	injury	r

Parent/Legal Guardian Signature: _____

Date: