Camp Format

Session 1 - Grades 3-5 Monday June 10 - Friday June 14

Session 2 - Grades 6-8 Monday June 17 - Friday June 21

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

Campers will spend a week exploring the world of theatre.

We will learn a one-act show to be performed on Friday.

We will play theatre games! We will work on designing simple sets and props for the play.

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



Phone

Kaci Barry, Camp Instructor
Jess Duff, Camp Instructor

913-371-1201



Email

Mrs. Kaci Barry kbarry@wardhigh.org

Mrs. Jess Duff jduff@wardhigh.org



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

BISHOP WARD HIGH SCHOOL

2024 THEATER CAMP

FOR
GIRLS & BOYS
IN GRADES
3-8*
*(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 sessions daily
Lunch each day
Camp T-shirt on the last day
Coupon Book for the camper to attend the
fall play FOR FREE.



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

iduff@wardhigh.org

Online:



QR code not working?
Visit here:
https://www.wardhigh.org/
page/youth-summercamps

2024 Bishop Ward Theater Camp Registration Form and Waiver PLEASE USE ONE REGISTRATION FORM FOR EACH STUDENTS

Student Name:	Session: 1	(Grades 3-5)	2	(Grad	es 6-8)	
T-Shirt Size (circle one): Youth: SM MED	LG	Adult: SM	MED	LG	XL	XXL
Parent/Guardian Name(s):						
Home Address:						
Parent/Guardian Contact Number:				,		
Parent/Guardian Email:						
tudent Age: Grade for 2024-2025 school year:						
Student's School:						
Total Amount Paid:						
(Payment methods accepted: cash, check, money						-person
with the BWHS Athletics Office for pre-registra				-		-
Emergency Contact Person:						
Relationship to Student:		Contact #:				
Parent/G	uardian V	Vaiver				
Your student may not participate in the 2024 Theatre Camp						
without your signature.						
I hereby release Bishop Ward High School from any liability in case of accident or injury						
involving the above-named camp participant.						

Date:

Parent/Legal Guardian Signature: