

Where? West Catholic High School
1801 Bristol Ave N.W.

When? June 14 -18, 2010
8:30 AM - 12:00 Noon
Art Show and Performance - Friday

Who? For any student grades 4 - 8.

Price? \$35.00 per student, due with registration by May 31. Registration fee is \$40.00 after this date.
If student should not attend camp a \$10.00 cancellation fee will be accessed.

Each student enrolled in our Fine Arts Camp is expected to participate in three, hour long classes per day. Our classes will run 8:30-9:30, 9:45-10:45, and 11:00-12:00. Students will select their favorites and will be scheduled accordingly, on first come first serve basis.

Registration deadline: May 30, 2010
(only students registered on or before May 31 will be guaranteed a free Fine Arts Camp T-shirt)

To enroll in our camp please complete a registration and medical form (on back) for each student and send with a check (payable to WC Fine Arts Camp) to:

**West Catholic Fine Arts Camp
1801 Bristol Avenue
Grand Rapids , MI 49504**

For questions contract:
Ms. Lisa Nawrocki, camp director at 233-5939
or lisanawrocki@grcss.org

Class Selections:

Art Exploration: in this hands-on class students explore different art mediums through a series of projects.

Cartooning: learn to create original cartoons, comic strips, and caricatures.

Drawing: a formal drawing class where basic drawing methods are learned and practiced.

Graphic Design: learn to create original artwork on the computer and page layout design.

Intro to Band: students who have little or no experience with instrumental music will enjoy learning about music and playing on recorders. Intended for students in grades 4 – 6.

Chorus: students who love to sing will learn how to participate in a formal vocal music program.

Dance: is for students who love dance and are interested in learning ballet and jazz dance techniques, students of all levels welcomed.

Drama 1: students will be introduced to drama through improvisation, theater games, and puppetry.

Drama 2: students will expand their knowledge of theater through improvisation, theater games, dramatic reading and stage presentation.

Creative Writing: learn how much fun writing can be through this class which will publish their work by the end of the week.

WC Fine Arts Camp Registration Form

Please complete a registration form and medical form for each student, then mail with a check to:
West Catholic Fine Arts Camp 1801 Bristol Avenue NW Grand Rapids, MI 49504
(Early bird registration is \$35.00. Registration received after May 31 is \$40.00)

Name of Student _____ Grade _____
Address _____ Grade School _____
City, state, Zip _____ Phone Num. _____
Parent Contact Email Address _____

Please clearly number you class choices 1 – 5 in the boxes below, 1 being your first choice.

- | | | | |
|---|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Art Exploration | <input type="checkbox"/> Chorus | <input type="checkbox"/> Drama 2 | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Cartooning | <input type="checkbox"/> Drama 1 | <input type="checkbox"/> Intro to Band |
| | <input type="checkbox"/> Drawing | <input type="checkbox"/> Dance | |

T shirt size, please circle one of the following:
(only early bird registrations are guaranteed a Tshirt)

- | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> YOUTH MEDIUM | <input type="checkbox"/> YOUTH LARGE | <input type="checkbox"/> ADULT SMALL | <input type="checkbox"/> ADULT LARGE |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|



June 14 -18, 2010

West Catholic Fine Arts Camp
1801 Bristol Ave. NW
Grand Rapids, MI 49504

WC Fine Arts Camp Medical Form

Name of Student _____

1st Emergency Contact Person _____ Phone _____ Cell _____

2nd Emergency Contact Person _____ Phone _____ Cell _____

Please list below any medical information that we may need to know including medications, allergies, illnesses and/or conditions.
