

Ross Ragland Youth Theater Day Camp
presents
A Nightmare in Dreamland



Auditions at the Ross Ragland Theater: Monday, March 25th 8:30-10:30am
Rehearsals: March 25th – March 29th
Rehearsal times: 8:30am-1:30pm, grade K (5yrs old)-8th
(30 minute lunch break, please pack a sack lunch)

Performances: Saturday, March 30st, 2019 @ 3:00 and 5:00 p.m.

SPACE LIMITED CALL TO RESERVE BEFORE SUBMITTING APPLICATION

Contact Programs Manager, Sam Burris @ 541-884-0651 X 113

Or email education@rrtheater.org

REGISTRATION FORM

Complete and mail to:
The Ross Ragland Theater
218 North 7th Street, Klamath Falls, OR 97601

Student's Name: _____ Age: _____ DOB: _____

School: _____ Grade: _____ Gender: M F

Parent(s)/Guardian(s): _____

Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email Address: _____

Tuition & Payment Information:

Tuition: \$130.00 due by 3/25/19

- Balance is non-refundable and due no later than Monday, March 25, 2019.

___ Check enclosed. (Make checks payable to The Ross Ragland Theater)

___ Charge my Card: Name on Card _____

Number on Card _____

Amount: \$ _____ Exp. Date: _____ CVC # (On Back): _____

Signature: _____

PHOTO RELEASE

I agree that photographs of my child/children taken by RRT may be used for promotional purposes including brochures, advertising, and the RRT website by RRT, but will not be used by other organizations without additional written consent.

Signature _____ Date _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Child's Name: _____ DOB: _____ Gender: M F

Parent's/Guardian's Name (print) _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Address: _____ City: _____ Zip: _____

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact: (print) _____

Phone (_____) _____ Cell: (_____) _____

Address: _____ City: _____ Zip: _____

Secondary Emergency Contact (print) _____

Phone (_____) _____ Cell: _____

Address: _____ City: _____ Zip: _____

MEDICAL INFORMATION

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone: (____) _____

Insurance Company: _____ Policy Number: _____

Allergies/Special Health Considerations: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

SHOW SYNOPSIS

A Nightmare in Dreamland

A Nightmare In Dreamland tells the tale of a small girl with a large imagination. It's so large, sometimes her mind gets carried away, and things seem scary when they're not. To help her, the girl's grandfather reads her a story about a *different* little girl named Freya. In the storybook, Freya overcomes her fears and her overactive imagination by traveling to the whimsical Dreamland, where a Nightmare is on the loose and must be stopped! Freya helps a baby monster and meets all kinds of Dreamland characters – The Sandman, a Manypillar, furry purple Woggies, magical Glowbies, Dream Wranglers, and more! The journey to catch the Nightmare in Dreamland helps both little girls understand their courage is as great as their imaginations. This is a magical adventure by local playwright Bonnie Hay.