

# First United Methodist Church

Summer Drama Camp for Kids

presents

## THE VELVETEEN RABBIT

Produced by special arrangement with THE DRAMATIC  
PUBLISHING COMPANY of Woodstock, Illinois



Book, lyrics and music by Barnes Boffey and Paul Pilcher.  
Additional music by Bob Love.  
Based on the book by Margery Williams.

Explore the magic of theatre through the eyes of a stuffed velveteen rabbit whose desire is to become 'real' to his owner, a young boy who truly loves his stuffed toy!

Drama Camp includes: Set, Prop & Costume Design, Acting, Music, Bible Story, & Snacks.

**Show Title:** The Velveteen Rabbit

**Dates:** Every Weekday from Monday, June 17<sup>th</sup>-Friday, June 28<sup>th</sup>

**Registration Deadline:** June 12<sup>th</sup>

**Show Performance Date:** Friday, June 28<sup>th</sup> @ 6pm

**Camp Hours:** 1pm-5pm      **Grade Level:** upcoming 1<sup>st</sup> - 6<sup>th</sup> grade

**Camp Fee:** \$10.00 per child (Contact FUMC about scholarship opportunities)

**Camp held at:** First United Methodist Church

206 S. Hopkins Ave.

Titusville, FL 32796

**Contact:** Music Director - Carol Henn, [carolhenn41@yahoo.com](mailto:carolhenn41@yahoo.com)

Phone: (321) 269-7631 ext

Please mail or drop off registration forms and camp fees by June 12<sup>th</sup> to:  
First United Methodist Church, 206 S. Hopkins Ave., Titusville, FL 32796

(Student Registration Form on back of sheet)

# Student Registration Form

Child's Name: \_\_\_\_\_ Age / Grade level: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Additional Siblings attending:

Child's Name: \_\_\_\_\_ Age / Grade level: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age / Grade level: \_\_\_\_\_

Shirt Size(s): \_\_\_\_\_

Who is permitted to pick up your child: (Must show ID at time of pick-up)

---

(These are the only people we will release your child to unless written notice is given)

Emergency Contact and Relation: \_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_

## Health Information

Does your child/ children suffer from any food, drug, or insect allergies, illness, disability or other medical conditions we should be aware of? If yes, please detail below:

I give permission for still or video pictures of my child to be used for promotional purposes.

Yes ( ) No ( ) Signature: \_\_\_\_\_

To the parent or legal guardian: I, the undersigned, approve the camp application and expressly waive any and all claims against First United Methodist Church, its manager, staff, or volunteers because of any injury or damage that may be incurred to the named applicant(s).

---

Parent / Guardian Signature

---

Date