

## 23nd Annual Opera Camp (The Virtual Edition)



MONDAY-FRIDAY JULY 12TH-23RD 9AM-NOON PST FOR AGES 9-18

PRESENTS:



## Virtual Summer Opera Camp

Join the OperaSLO Opera Camp for this year's virtual production. Students will take part in daily group voice lessons, acting classes, private coaching sessions, and masterclasses given by instructors and performing artists from all over the US...all without leaving their homes! All classes and coachings will occur via Zoom and will culminate in a final performance "watch party" on Friday, July 23rd at 6:30PM (PST).

Each participant will perform a monologue telling the story of how music connects us and is shared from generation to generation, take part in a virtual choir recording experience, and perform solo songs. All materials will be sent electronically. All students must have use of a device to record videos and play backing tracks (a phone/tablet will suffice) as well as a separate device for the video call classes (computer/phone/tablet).

Cost: \$275 per participant Some Need-Based Scholarships are available

Students will learn vocal technique, acting, part singing, movement, recording practices, and audition techniques.



Join Camp Director Marissa Bloom,
Assistant Kimberly Gutierrez,
Coaches Kristina Horacek and
Rebecca McKinley, and our many
guest instructors and artists to be
a part of opera camp history!

## Registration Form

## Participant Information:

First Name:	Last Name:_			
Birthdate:	Sex:_	M	F	
Birthdate: Address:	City	State	Zip	
Prior Experience (if any)				
Parent/Guardians				
Day Phone	Cell Phone			
Parent Email Address ( <b>Requi</b>	red)			
Student Email Address ( <b>If Ap</b>	plicable)			
_				
Eme	rgency Contac	ts:		
Name:	Phone:			
	Release:			
My child has permission to participa	te in the camp activiti	es. I am awa	are that the cam	np will
include photos and video recordings	which will be shared v	ia zoom and	d unlisted on yo	utube.
The photographs may be used for pub	olicity purposes. I relea	ase Opera S	an Luis Obispo	from all
liability in the event my child	is injured while partic	ipating in ca	mp activities.	
Parent/Guardian Signature		Date:		
Paym	nent Informatio	on:		
Method of Payment	Check Payable to Ope	era San Luis	Obispo	
	, Mastercard, Amer. E		· ·	
Card #				
Signature				
Cardholder Name (printed)				

Return to marissa@marissabloom.com or mail to 8575 El Centro Rd, Atascadero, CA 93422