

# LOCAL 107.3FM RADIO CAMP INFORMATION SHEET

August 21 – 25, 2017

[www.localfm.ca](http://www.localfm.ca)

Online registration form: <http://localfm.ca/radio-camp/>

\*If you only fill out a paper copy of the registration form prior to this year's Radio Camp, PLEASE contact Julia Rogers via email or by phone prior to Friday, August 18<sup>th</sup> to ensure we have your child listed as a participant.

## Programming information:

- ✓ We will be traveling to various locations throughout the city **via public transit** to attend *Fundy Fringe Festival* shows, to take part in workshops, to conduct interviews, and to gather material for our end-of-week radio special.
- ✓ For the most part, our mornings will be spent honing our production skills & working on our final project in the Local FM booths on campus and our afternoons will be spent uptown at the BMO Studio Theatre and elsewhere.
- ✓ Our aim is to give youth living in Saint John a tangible opportunity to speak their minds, to have their voices heard, to own their truths, and to feel empowered through creating media.
- ✓ Our facilitators will provide exciting, engaging, and informative workshops on a wide range of topics – from improvisational theatre to sports broadcasting!
- ✓ This year's camp is geared towards **9 to 14-year-olds** and will be made available **AT NO COST** to participants. Please ensure campers arrive with a packed lunch and two additional snacks.

## Drop off & pickup location for campers:

100 Tucker Park Road  
Thomas J. Condon Student Centre RM 235, UNBSJ  
Saint John, NB  
CANADA E2L 4L5

\*We will be ready to welcome campers every morning between **8 and 8:45am**.

\*Our programming will end at **5pm** each day.

## Contact information:

Julia Eleanor Rogers  
Community Outreach Coordinator, Local 107.3fm  
Email: [julia@cfmh.ca](mailto:julia@cfmh.ca)  
Mobile phone: (506) 645 7320



# LOCAL 107.3FM RADIO CAMP ENROLMENT FORM

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CAMPER INFORMATION	
Camper's full name:	
Date of birth (mm/dd/yyyy):	
Street address:	
City:	
Postal code:	
Telephone number:	

EMERGENCY CONTACT INFORMATION	
Contact #1	Contact #2
Name:	Name:
Relationship to camper:	Relationship to camper:
Home phone number:	Home phone number:
Work/cell number:	Work/cell number:

## **MEDICAL INFORMATION:**

Does your child have any allergies or health conditions that we should be aware of? **YES** or **NO**

\*If so, please list them here:

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Does your child need to take any medications during camp hours? **YES** or **NO**

\*If so, please list them here:

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## **CONSENT & SIGNATURE:**

I, \_\_\_\_\_ (name of parent/guardian), give permission for my child  
\_\_\_\_\_ to attend the 2017 Local 107.3fm Radio Camp. I consent to all field trips and  
workshops.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_