



# VACATION ONE-WEEK ACTING WORKSHOPS

Our *Acting & Theatre Workshop* will help participants to gain an understanding of the skills required to stage and perform in successful productions. The curriculum is designed to develop the skills and knowledge of the participants in the multi-faceted discipline of theatre arts including creative movement, mime, improvisation, and scene-work.

We are happy to announce that we will be holding a three day acting workshop for ages 6 - 16 during the Holiday vacation week December 28,29,30 from 9am - 3pm, with pick-up and drop off between 8:30 - 9 am and 3- 4pm. We will do improvisation, acting games, music and other creative activities.

The 3 day workshop in June will be \$150.00. The program will be held in our new space at 1915 5<sup>th</sup> Avenue in Troy New York.

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Cost of program is as follows:

- \$50.00 nonrefundable registration fee due with registration
- \$100.00 Balance due 1<sup>st</sup> day of the program
- TOTAL COST: - \$150.00 -

(We will only hold this program if we have at least 10 participants, You will be notified by December 18<sup>th</sup> if we will be having it. If we do not end up holding the workshop deposit checks will be returned.)

I wish to register my child for the following programs:

December 28-30 (3 days)

Checks should be made out to Young Actors Guild of the Capital Region

### Medical Form

I give permission to Young Actors Guild staff to consent to medical treatment/healthcare services without limitation, on behalf of my/our child/children in my/our stead as may be deemed necessary, proper or prudent in the discretion of said agent, employee and/or chaperone.

Insurance Provider:

\_\_\_\_\_ ID# \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_