



A Connecticut Creative Arts Organization



## Inter-district Theatre

with Nick Jonczak of Almanac Dance Circus Theatre

Grades K-5  
Shepaug Valley School Stage, Washington

**4:45-5:45pm**  
**Jan. 5, 6, 11, 12, 13, 18, 19, 20, 25, 26, \*27**

\*In-school show: 9am-11:30pm at  
Washington Primary School.

Rehearsal at Shepaug 4:15-5:45pm &  
evening show at Shepaug 7pm

11 sessions: \$132

Questions/concerns contact: Ali@asapct.org

Through play and fun theatre games we learn about acting, role-playing, and developing a character. This theatre workshop brings new and old friends together to make something wonderful from your imaginations. We will explore how actors think, move, and use their voices to become fearless, shy, funny, and more! You'll have a chance to write, collaborate, and create ideas for a play to share with friends and family.

*ASAP! provides transportation, a healthful snack, and supervision for Region 12 students after school until the workshop begins.*

For more information or to view our privacy policy, visit our website [www.asapct.org](http://www.asapct.org), or feel free to call us at 860-868-0740 or email us at [asap@asapct.org](mailto:asap@asapct.org). ASAP! After School Arts Program® is a registered trademark of After School Arts Program, Inc. The After School Arts Program, Inc. is a 501(c)3 non-profit organization. Registration is on a first come, first served basis. Please recycle this paper. Refunds are not available. **Financial aid is available to those in need.**

## REGISTER ME for Inter-district Theatre | Grades K-5



### Student Information:

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: M F School: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Emergency Contact (Phone): \_\_\_\_\_

T-Shirt Size (Circle size): **Child** (Small / Medium / Large)

### Parent/Guardian Information:

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_ Make checks payable to ASAP! and mail to: ASAP!, PO Box 15, Washington Depot, CT 06794

Contact me about volunteer opportunities.

NO, I do not wish to receive ASAP!'s e-mail newsletter for upcoming workshops and events.

I will hold harmless the Town of Washington, the After School Arts Program, Inc., Region 12 schools, and any of its agents, directors, employees, and supervisors for any responsibility or liability for any injuries or property damage which may arise from my or my child's participation in this program. I understand that in the event of any injury, my own personal medical insurance will be used.

I, the undersigned, authorize ASAP! to record on video tape, photography, voice recording, or interview through print or other media, my child's first name, voice, image, artwork, and/or performance for informational programs, reports and promotional materials to be used for non-commercial purposes. I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

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