



SPACE IS LIMITED! REGISTER BY DEC. 22!

A Connecticut Creative Arts Organization



Inter-district Theatre Project

with Angie Silverstein

Grades 1-5
Booth Free School, Roxbury

2018 | Tuesdays, Wednesdays, Fridays
Jan. 9, 10, 16, 17, 19, 23, 24, 26, 30, 31, Feb. 2*
4:00-5:30pm

*Friday, Feb 2: A "sharing" of students work at 5:30-6:00pm at Booth Free School

11 sessions: \$132

ASAP! PROVIDES TRANSPORTATION FOR REGION 12 STUDENTS TO THE PROJECT.

ASAP! will provide snack and supervision for all Region 12 participants.

Think like an actor, speak like an actor, breathe like an actor, move like an actor...become an actor! Learn how the professionals create characters that are funny, shy, suspenseful, fearless, and more! Using our imaginations and exploring theatre games and role-playing we will discover how to develop characters and bring them to life. The project will culminate in a play created collaboratively by participants. Invite friends and family to the premiere of your very own play.

For more information or to view our privacy policy, visit our website www.asapct.org, or feel free to call us at **860-868-0740** or email us at 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 Project | Grades 1-5



Student Information:

Name: _____ Age: _____ Grade: _____ Gender: M F School: _____

Special Needs/Allergies: _____

Emergency Contact (Name): _____ Emergency Contact (Phone): _____

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

Is there anything about your child that would be helpful to us? _____

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., Town of Litchfield, Litchfield Public 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: _____