



A Connecticut Creative Arts Organization



Acting Up!

with Nick Jonczak of Almanac Dance Circus Theatre

Grades 4-6

Litchfield Intermediate School, Litchfield

2017 | **Mon-Fri, Dec. 4, 5, 6, 7, 8***
3:30-5:00pm

*Friday, Dec. 8: Sharing for parents and friends
 at 5:00pm

5 sessions: \$50

ASAP! provides a healthful snack and supervision for students after school until the workshop begins.

In collaboration with and funded in part by:

To learn more about Litchfield Education Foundation, please visit www.LEFFforStudents.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.

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 Acting Up! | Grades 4-6



Student Information:

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

Special Needs/Allergies: _____

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

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: _____