

# Acting Classes

**Winter 2015**

**Tuesdays, February 3 - March 24 (Skip Feb. 17)**  
**High Plains Community Center (Room 15)**  
**525 Orange Center Road**

**Classes:**      Grades K-2      4:30-5:15pm  
                     Grades 3-6      5:20-6:15pm

**Cost:**            \$110 (Residents) / \$120 (Non-Residents)

**Acting classes** run for seven weeks, meeting once a week (excluding skip dates). Some of the topics and activities include: exciting theatre games, improvisational exercises, acting terminology, concentration exercises, voice and speech, sense memory, subtext, stage skills, and script work.

At the end of the session there will be an informal share to demonstrate what participants have been working on. For our past and more experienced performers, these classes will be challenging and offer new and exciting activities!

Additional classes are also available at our Performing Arts Programs Studio: [www.performingartsprograms.biz/studio](http://www.performingartsprograms.biz/studio)



**Save now when you register by phone or online!\***

\*Select towns only. Must enter coupon code PAPCLASS at checkout. Only one coupon allowed per order.

[www.performingartsprograms.biz](http://www.performingartsprograms.biz)  
860.432.9890

Please detach and mail in with payment

## Performing Arts Programs Registration Form ORANGE, WINTER 2015

Resident K-2 (\$110)     Non-Resident K-2 (\$120)  
 Resident 3-6 (\$110)     Non-Resident 3-6 (\$120)

**Make checks payable to:** Performing Arts Programs, Inc.  
**Mail to:** Performing Arts Programs, Inc., P.O. Box 633, South Windsor CT 06074

Total \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Participant(s) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email\* \_\_\_\_\_ \*Confirmation and important updates provided by email

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work or Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Emergency Contact Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Special Circumstances/Health Concerns \_\_\_\_\_

Orange Parks & Recreation Department and Performing Arts Programs, Inc. are not responsible for personal injuries, damages, or losses which may occur. As in any activity, there is a certain amount of risk involved. Signature on this form indicates recognition of these risks, permission to participate, and consent to emergency medical treatment in the event a parent/guardian cannot be reached. It is also understood and agreed that program locations are determined through the availability of the location/town, therefore classes are not necessarily held on a stage or in a theater. Times and locations are subject to change. If this occurs, we will notify you by phone and/or email. By signing below I also agree that once the program begins, under no circumstances will refunds be issued in any amount (except for medical reasons with a signed doctor's note). For full disclosure of details go to [www.performingartsprograms.biz/pap\\_policy\\_page](http://www.performingartsprograms.biz/pap_policy_page).

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