



Spring 2018 Acting For Kids Information and Important Dates

Rehearsal Dates/Times:

April 14 th	9:00am-11:00am (ages 6-10) 11:30am-2:30pm (ages 11-17)
April 21 st	9:00am-11:00am (ages 6-10) 11:30am-2:30pm (ages 11-17)
April 28 th	9:00am-11:00am (ages 6-10) 11:30am-2:30pm (ages 11-17)
May 4 th	4:00pm-7:00pm (Dress Rehearsal – ALL Ages)
May 5 th	10:00am – 1:00pm (Final Dress Rehearsal- ALL Ages)

**After rehearsal on the 5th, students will NOT leave the theater before their show. We will either bring packed lunches, or parents can organize pizza to be delivered to the students at 1:00.

SHOWTIME: May 5th 2:00pm

***As you can see, rehearsal time is limited, so please let me know ASAP if you have any conflicts with the times above so we can work around them as best we can. (Dress rehearsals are mandatory)*

Location:

All rehearsals and performance will take place at the theater:
151 S. Main Street
Naples, NY 14512

What to bring:

- Shoes you can move in (NO flip flops, uggs, etc.)
- A bottle of water
- A PENCIL!
- If possible, something to record music with. We will help students memorize as we go, but this could be helpful especially if your child has a solo part

What to expect:

The classes will consist of acting, singing and dancing. All levels of experience will be welcome and encouraged. We'll work to build confidence, learn new performance skills, and most of all...have FUN!

During the first rehearsal, scripts will be distributed and we'll take turns singing and reading various parts so that we can fit the right material with each actor. The following Monday, an email will be sent to notify students of specific roles and/or solo parts. (Be sure to include your email address on your registration form)

Any questions, feel free to call or email Katelyn Cantu at 585-374-9032 or kcantu@bvtnaples.org



Acting For Kids Spring 2018 Student Information & Registration

Please complete and return with tuition (\$100 for ages 6-10 and \$150 for ages 11-17)
(Checks payable to Bristol Valley Theater) PO Box 218 Naples, NY 14512

CHECK ONE: ___ Session One 9:00am-11:00am (ages 6-10)

___ Session Two 11:30am-2:30pm (ages 11-17)

Student's Name: _____

Student's Date of Birth: _____

Home Address: (please include town) _____

Mailing Address (if different): _____

EMAIL Address: _____

Day phone # _____

Evening Phone # _____

Parent/Guardian Information

Name(s): _____

Saturday Phone # _____

Name: _____

Saturday Phone #: _____

If someone other than those listed above may pick up your child, please list their names and phone numbers:

Parent/Guardian Signature _____

Please feel free to include any pertinent information such as allergies, medical conditions other special needs or considerations below:

