



## **BVT for Teens 2021**

### **Information and Important Dates**

**Please note:** We are taking our cue from Broadway and **requiring proof of vaccination** from all participants. Please also **plan to bring a mask**, and we will let you know what our masking policies will be at a later date.

#### **Rehearsal Dates/Times:**

Monday/Wednesday/Friday starting Monday, October 25<sup>th</sup> and ending Friday, December 3<sup>rd</sup>  
(week of November 22<sup>nd</sup>-26<sup>th</sup> NO REHEARSALS)

*\*\*All participants should plan to attend all rehearsals. For participation in the show, these dates are mandatory:*

Monday, November 29<sup>th</sup>  
Wednesday, December 1<sup>st</sup>  
Friday, December 3<sup>rd</sup>

Please list any conflicts with the rehearsal dates/times other than the three dates listed above, and we'll do our best to accommodate you:

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*Please note: conflicts may limit the number of scenes your teen is included in.*

**SHOWTIME: Saturday, December 4<sup>th</sup> at 2pm and 7pm**

*\*\*After the 2pm show, students will NOT leave the theater before the next show. We will likely bring packed lunches and take a lunch break around 4pm.*

#### **Location:**

All rehearsals and the 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 notebook and pencil

#### **What to expect:**

The classes will consist of hands on activities surrounding performance and the technical side of productions. 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!

Any questions, feel free to call or email Morgan Montgomery at 585-374-9032 or [mmontgomery@bvtnaples.org](mailto:mmontgomery@bvtnaples.org).



**BVT for Teens 2021**  
**Student Information & Registration**

Please complete and return with tuition (\$150 for 5 weeks of workshops/rehearsals)  
(Checks payable to Bristol Valley Theater) PO Box 218 Naples, NY 14512

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:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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