



The Pre-Professional

ENSEMBLE!

ENROLL NOW FOR THE SPRING 2012 SESSION OF ACTING CLASSES FOR KIDS AND TEENS!

SATURDAY MORNINGS

March 24th – May 19th

1st-3rd grade 9:00am – 10:15am

4th-6th grade 10:30am – 12:00pm

MONDAY AFTERNOONS

March 26th – May 21st

7th-9th grade 4:30pm – 6:15pm

Now announcing the dates for: STC SUMMER CAMP 2012!

Session 1: June 25th-29th

ACT*DANCE*SING

Monday-Friday, 9am-2pm
1st-3rd grades (in fall)
\$300 (one-week session)

Session 2: July 9th-20th

ACT*DANCE*SING

Monday-Friday, 9am-4pm
4th-8th grades (in fall)
(\$600 (two-week session))

Acting Camp

Monday-Friday, 1pm-5pm
9th-12th grades (in fall)
\$350 (two-week session)

Session 3: July 23rd-Aug 3rd

ACT*DANCE*SING

Monday-Friday, 9am-4pm
1st-8th grades (in fall)
(\$600 (two-week session))

Musical Theatre Camp

Monday-Friday, 1pm-5pm
9th-12th grades (in fall)
\$350 (two-week session)

Improvisation, scene study, voice and movement, stage combat, theatre history, yoga, mask work, playwriting and more – the perfect summer experience! Sign-up your student for continued enrichment and involvement in the Sacramento Theatre Company's summer camps!

Summer camp faculty includes professional theatre artists and local teachers who lead students through a diverse curriculum that is based on teamwork, confidence-building and creative expression.

(916) 446-7501 x113

www.sactheatre.org

ENSEMBLE for Kids and Teens!

ENROLLMENT INFORMATION

Due to limited class size, no place can be held without receipt of the ENTIRE PAYMENT. The enrollment fee will be returned if the ENSEMBLE class is full and the applicant cannot be admitted. Your signature also gives STC permission to use any class photos or writings for future STC marketing or promotional publications.

DISMISSALS: Any students whose behavior is deemed inappropriate by the STC staff will be given one warning and a parent notification. After that, he or she will be dismissed from the session with no refund.

REFUND POLICY: Our refund policy is designed to discourage last minute cancellations and to help families on the waiting list. Requests for refund of program fee must be made 14 days prior to the first day of classes/workshop. An amount for any classes attended and a \$50 administration fee will be subtracted from the total. NO TUITION REFUNDS WILL BE MADE AFTER THIS TIME. During the session, there is no refund for student illness, missed days, vacation, withdrawal, or if student is dismissed by teachers. Please allow ten working days to process refund.

Sacramento Theatre Company is an equal opportunity organization. Students will be admitted without regard to race, creed, gender, national origin or physical abilities.

Parent or Guardian's signature _____ Date _____

REGISTRATION FORM

Student's Name: _____ Boy/Girl Grade: ____ Age (current): ____ Birth date: _____

Address: _____ City _____ State: ____ Zip: _____

Height: ____ Weight: ____ T-shirt Size: ____ School: _____

Parent/Guardian Name #1: _____

Day Phone: (____) _____ Home Phone: (____) _____ Cell/Pager: (____) _____

Parent/Guardian Name #2: _____

Day Phone: (____) _____ Home Phone: (____) _____ Cell/Pager: (____) _____

Parents email address: _____

Please list email address. It will be the primary form of communication.

What session and class are you signing up for? _____ Are you a returning student? _____

How did you find out about STC? _____

Please consider including a tax-deductible donation for our scholarship fund: STC non-profit tax ID# 94-1347081 _____

Registration Fees: Credit cards accepted or make checks payable to: **Sacramento Theatre Company**

Complete this form and mail (or fax: **(916) 446-4066**) with payment to: Sacramento Theatre Company

1419 H Street Sacramento CA 95814

For credit card payment: ____ Visa ____ MasterCard ____ Amex

Card #: _____

Expires: _____ Security Code (3 or 4 digits on back): _____

Name on card: _____

Billing Address (if different): _____

Signature _____

1st-3rd grade Acting class \$225

4th-6th grade Acting class \$225

7th-9th grade Acting class \$250

Tax-deductible Donation \$ _____

Payment Amount: _____