



MUSICAL THEATRE REP CLASS REGISTRATION FORM

The Depot Theatre Academy is an education and outreach program for artists, led by theatre professionals from the only professional Equity theatre in the Adirondack park.

DATES: September 28 - October 26, 2020

TIME: Mondays from 6:00 to 9:00pm

LOCATION: Depot Theatre, 6705 Main St., Westport, NY

TUITION: \$200

LIMITED TO 10 PARTICIPANTS

DESCRIPTION:

Participants and instructors will learn how to ACT a song (not just sing the song), and work together to find a monologue that complements the song to form a seamless package to utilize for auditioning or showcasing!

This class offers an approach to the repertoire of Broadway songs and strong monologues from the actor's perspective. Participants will learn how to find and implement new techniques of expression, relaxation and freedom.

POLICIES

- FACE COVERINGS ARE MANDATORY FOR ENTERING AND EXITING THE THEATRE, AND ANY TIME WHEN IN CLOSE PROXIMITY TO OTHERS.
- Strict physical distancing will be implemented, with designated seating in the theatre, and one participant on stage at a time.
- Hand sanitizer will be provided in designated break stations as well as in the restroom areas.
- Participants are required to wear sneakers or shoes in which they can dance.
- A cleaning log will be maintained by the Producing Artistic Director (PAD). The log will be kept in the office of the Depot Theatre to be picked up by staff at the start of the class and returned to the desk of the PAD at the end of each class.

MEDIA RELEASE:

I consent to the use of my recorded image and voice for the purpose of publicizing DEPOT THEATRE educational programs and waive any compensation for such use.

AGREEMENT:

I agree to all the registration guidelines listed above:

REGISTRATION

The registration fee is \$200 per participant. (Must be paid by credit card or check. Contact Katie Shepard, box office manager, for more information at ks@depotttheatre.org). Payment plans available upon request.

Registration fee and this signed participant registration form for each participant must be received by the first class. If the forms are not completed the participant will not be admitted to the program.

Participant's Name _____

Date _____

Mailing Address _____

City, State, Zip _____

Email: _____

Phone: _____

Please indicate any medical conditions, or special needs:

Emergency Contact: _____ Phone: _____

PAYMENT:

- ☐ My check payable to "The Depot Theatre," is enclosed. Send to PO Box 414, Westport, NY 12993.
- ☐ Please charge my credit card as follows:

Total amount enclosed or to be charged: \$ _____

Name: _____

Number: _____ Exp: _____ CCV: _____

Signature: _____