



2024 SUMMER EDUCATION AND OUTREACH PROGRAM

DETAILS

NEW- Introduction to Theatre Program

PARTICIPANT AGES:

Children ages 5-8 who are new to the theater

PROGRAM

Students will be introduced to theatre performance with a staged adaptation of the classic children's book "Giraffes Can't Dance" by Giles Andreae, adapted by Amy Fitts.

DATES: July 15- 19, 2024

PROGRAM DAY SCHEDULE: Rehearsals July 15-July 19, Monday through Friday from 8:30am-12:00 noon, at the Boquet Valley Central School (BVCS) Mountainview Campus Auditorium, Elizabethtown NY.

PERFORMANCE DATE: Families and the BVYC (camp) will be invited to a sharing on Friday July 19th at 3:00 pm in the BVCS Mountainview campus Auditorium.

Auditions: There are no auditions for this program. Capacity is limited and will be first come first served, with no registrations accepted after June 30th.

Details subject to change. All updated information and materials will be available online at www.depottheatre.org.

REGISTRATION

The registration fee is **\$100 per participant**. For families with more than one child participating in the program, the fee for the **additional participants is \$75/participant**.

The registration fee and this signed participant guidelines form must be received on or before June 30th. Additional registration forms are available for download at DepotTheatre.org.

SCHOLARSHIPS:

The registration fee may be waived in cases of financial hardship. To be considered for a scholarship, please contact Gigi Mason at gmason@depottheatre.org. This information will be kept strictly confidential.

POLICIES:

Details regarding rehearsal procedures and safety protocols will be provided via email after registration is received. Filming and photography is prohibited during performances.

MEDIA RELEASE:

On behalf of myself and/or the participant (a minor child for whom I exercise legal guardianship), I consent to the use of my/his/her 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:

Participant's Name and Date of Birth _____ Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Mailing Address _____ City, State, ZIP _____

Email _____ Phone _____

Please indicate any medical conditions, special needs, or behavioral conditions:

Emergency Contact: _____ Phone: _____

Please provide t-shirt size for participant(s) _____ Circle one: child size or adult size

PAYMENT:

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

Total amount enclosed or to be charged: \$ _____

Name: _____

Number: _____ Exp: _____ CCV: _____

Signature: _____