

Windsor Locks Park and Recreation and Performing Arts Programs Presents...

Acting Classes

SPRING Into ACTING CLASSES!

Acting classes are being offered for children!

Unleash Your Creativity!



Give Your Child the Gift of Creativity this Spring!

Acting Classes-Monday(s) (April 3rd -May 22nd, 2006) no class 4/17

Times...

K-1st Graders 4:30-5:15pm-*Class Code-WLocks CEX
2-4th Graders 5:20-6:15pm-*Class Code-WLocks ACT1
5-8th Graders 6:20-7:15pm--*Class Code-WLocks ACT2

at South Elementary School, Room 18

ACTING CLASSES

will meet once a week for 45 min or 55 min. Classes will run for seven weeks.

Some of the things that will be covered:

Fun theater games, imagination work, concentration exercises, voice and speech, improvisational exercises, acting terminology and stage skills!

* These classes will also be challenging and offer new and exciting activities for our past and more experienced participants as well!



Slots are limited! Sign up today!



If your child wants to experience a fun, safe, highly charged environment then this class is for you!

Program and Registration Info- 860 656-9642

*Register online and save \$3.00!

www.PerformingArtsPrograms.biz

*Mail in registration due before March 29th 2006
\$25 processing fee for checks with insufficient funds

Email- Lambarts@aol.com

-----Please, detach and mail in with payment-----



COST: only \$82.00 for the Acting Classes! -Windsor Locks

***Make checks payable to Performing Arts Programs**

Mail to: Performing Arts Programs, P.O Box 58, Hartford, CT, 06141

Name _____ Grade _____ D/O/B _____ Phone _____

Address _____ Town _____ Zip _____ Email* _____

*Confirmation provided by email only

***Class Code (please check one)**

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I Release, The town of Windsor Locks and Performing Arts Programs from responsibilities for any injuries, that I and/or the participant may receive at and/or during any of these sponsored activities. I also give permission to Performing Arts Programs to use any photo or video taken during participation of programs for promotional purposes. By signing below I also agree that once the Program begins under no circumstances will refunds be issued in any amount (except for medical reasons with a signed doctors note).

Parent/Guardian Signature _____ Date _____