


SUMMER THEATRE WORKSHOP
PRESENTED BY
MATAWAN-ABERDEEN REGIONAL SCHOOL DISTRICT

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Dates: June 26th through July 30th, 2017 (no session July 3rd & 4th) **Time:** 9:30 AM to 12:30 PM, Monday through Thursday

Show Dates: July 28th & 29th at 7:30 PM and July 30th at 2:00 PM (matinee)
@ MATAWAN ABERDEEN MIDDLE SCHOOL

APPROVED FOR DISTRIBUTION
Matawan-Aberdeen Regional School District

Authorized Signature

- Requirements:**
1. A Group - Completion of 3rd grade
 2. B Group & Crew - Completion of 6th grade
 3. C Group - Completion of 9th grade
 4. Commitment to participate in the final dress rehearsals week and performances Daytime & Evening Rehearsal
 5. You must be present for the Technical week of performance

If you are planning a vacation between July 24th and July 30th, you must contact Mrs. Hebding (ehbding@marsd.org) to see if you are eligible to participate due to constraints

****Fee:** \$200 per resident student \$300 for non-resident student

Format:
Weeks 1-3: Workshop in dance, vocal and drama or crew (set design/construction, lights/sound, auditions/staging)
Week 4: Daytime rehearsal schedules, auditions/staging
Week 5: Daytime as well as evening rehearsal schedules

Due to the limited number of spaces, 200 students will be taken on a first come basis. **CREW WILL BE LIMITED TO THE FIRST 8 APPLICANTS.** A waiting list will be kept in the event of student drop out. Residents of Matawan/Aberdeen will be given priority over non-residents. Resident students attending the MARSD will be given priority over resident students not attending MARSD.

** This fee goes toward covering the costs associated with implementing the program. Any parent with an issue or concern about meeting the financial commitment may discuss it, in complete confidence, with Mr. Wayne Spells at: (732) 705-4000.

Please tear off and return by June 23, 2017. Walk-Ins Welcome Through June 29th, 2017 at MAMS.

CAST MEMBER NAME: _____

GUARDIAN NAME: _____

FULL ADDRESS: _____

*PHONE NO.: _____ *CELL PHONE NO: _____ *EMAIL _____

GRADE /SCHOOL ENTERING IN SEPT. 2017: _____

INTERESTED IN BEING: A PERFORMER: _____ PART OF THE CREW: _____

* Guardian must be reachable during workshop hours at the telephone numbers listed above. If you have any questions please contact Mrs. E. Hebding at: ehbding@marsd.org

Please make checks payable to **MARSD SUMMER THEATRE WORKSHOP** and return this form with check or money order attached to:

MARSD Summer Theatre Workshop
Cambridge Park School
1 Crest Way
Aberdeen, NJ 07747
Attn: Evelyn Hebding

Resident student (\$200) _____ Non-Resident student (\$300) _____

Medical Condition: _____ **Allergies /Medications** _____
If your child has a medical condition, please see the school nurse on the first day of the program. All necessary medications must be delivered at that time.

Parent/Guardian Signature

Date