



Spotlight Theatre & Arts Group, Etc., Inc.
PO Box 75, Bulverde, TX 78163
Phone (830) 438-2339
Email stage@gvtc.com
Website www.stagebulverde.org

2018 FALL S.T.A.G.E. ELFS CLASSES

STAGE ELFS CLASSES offer educational opportunities for actors to develop their skills and confidence. The recital scheduled at the end of each class provides students a forum to put their acting skills to work and give them an opportunity to be seen by family and friends.

REGISTRATION for the ELFS Theatre Arts Classes will be held at 10 am on **SATURDAY, JANUARY 20TH** in the Eli Lilly & Company Foundation Classroom at Krause House Theatre, 1300 Bulverde Rd., or **MAIL to P. O. Box 75, Bulverde, TX 78163** any time before **SATURDAY, JANUARY 20, 2018**.

Please call (830) 438-2339 for registration papers or go to www.stagebulverde.org

ACTING CLASS I

THEATRE ARTS CLASSES - MONDAYS - 4:30 to 6:30 pm --- BEGINS January 22, 2018

YOUTH - Ages 6-12 --- *COST \$100 --- RECITAL - SATURDAY, June 2, 2018 time TBA

ACTING CLASS II

THEATRE ARTS CLASSES - TUESDAYS - 6:30 to 8:30 pm --- BEGINS January 23, 2018

NO AGE REQUIREMENT --- *COST \$100 - RECITAL --- SATURDAY, June 2, 2018 time TBA

Note: This class is contingent on having at least 12 students

YOUTH TNT TOURING TROUPE (By Audition Only)

Participation in the Youth TNT Touring Troupe requires mandatory attendance at the 23rd annual Texas Nonprofit Theatre Youth Festival in Irving, TX on June 13-17, 2018. Additional fees for attending the conference include conference registration- \$75; conference T-Shirt-\$12; conference CD-\$15; food package- \$20; hotel-\$90 to \$140 per night (Note: all prices subject to change, some items are optional)

Auditions for the Youth TNT Touring Troup will be held on Saturday, January 20, 2018 from 12 to 2 pm and Monday, January 23, 2017 from 7 to 9 pm. The cast will be selected and notified after 9 pm on January 23rd.

THEATRE ARTS CLASSES - MONDAYS - 7 to 9 pm --- BEGINS January 29, 2018

NO AGE REQUIREMENT --- *COST \$100 --- RECITAL - SATURDAY, June 2, 2018 time TBA

*Multiple child discount available - \$85 for 2nd child - \$75 for 3rd child

Admission for Recitals: \$5 Adults, \$1 Children under 12

PLEASE RETAIN THIS SHEET FOR YOUR RECORDS



ELFS REGISTRATION FORM

NAME: _____

AGE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

PARENTS/GUARDIAN: _____

HOME PHONE: _____ **WORK/CELL PHONE:** _____

E-MAIL: _____

SPECIAL TRAINING:

- DANCE - TAP _____ JAZZ _____ BALLET _____ OTHER _____
- VOICE - SOPRANO _____ ALTO _____ MEZZO _____
- BASS _____ BARITONE _____ TENOR _____

ACTING CLASSES/SCHOOLS: _____

ACTING EXPERIENCE: _____

CHECK AREAS OF SPECIAL INTEREST:

- MIME _____ GAMES _____ VOICE PRODUCTION EXERCISES _____
- IMPROVISATIONAL ACTING _____ ROLE CHARACTER DEVELOPMENT _____
- SCRIPT DEVELOPMENT _____ MONOLOGUE _____ READERS THEATRE _____
- PUPPETRY _____ MAKE-UP WORKSHOP _____ SET DESIGN/CONSTRUCTION _____
- LIGHT/SOUND TECHNICIAN _____ PROPS _____ BACKSTAGE CREW _____
- OTHER _____ AUDITION TECHNIQUE _____

FOR USE BY OFFICE/INSTRUCTOR

Registration check received: Date _____ **Amount** _____

for class on Monday/Tuesday: Time _____

Comments: _____

Office/Instructor: _____

S.T.A.G.E., INC. E.L.F.S.
HEALTH RECORD AND CONSENT FOR TREATMENT OF MINOR

Minor's Name: _____ Home Phone: _____

Father's Name: _____

Mother's Name: _____

Guardian's or Managing Conservator's Name: _____

I, _____ . (check one of the following):

_____ Parent

_____ Legal Guardian

_____ Managing Conservator

_____ Adult Brother or Sister

_____ Adult Aunt or Uncle

_____ Judge or State Official designated by Texas Family Code Section 35.01

_____ Adult with care and control of the minor subject of this Consent with written authorization of consent from one of the above (check one of the above and attach written authorization to this form)

of the minor student named above, do, by my signature below, acknowledge my consent for emergency medical treatment to be administered to the above-named minor as deemed necessary by the instructor's judgment for the protection of his/her health and safety. I understand that may include, but is not limited to, placing the above-named minor under the care of a doctor or hospital for medical examination and/or treatment, or returning him/her, at my expense. I acknowledge the temporary nature of the treatment to be provided under this consent and that further evaluation and/or care from a physician is my responsibility.

The health information which I provide below is true and correct, to the best of my knowledge.

The minor has the following allergies to food and/or medicine (please list):

The minor has the following other medical conditions:

Doctor's Name: _____ Telephone: _____

Insurance Company: _____ Policy No: _____

Hospital Choice: _____

I will not hold Spotlight Theatre & Arts Group, Etc, Inc. (S.T.A.G.E., Inc.), or their staff, responsible for care and/or transportation which may be deemed necessary by them to protect the subject minor's health or safety.

Parent/Guardian or other Authorized Person Giving Consent

Date



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830-438-2339

Email: stage@svtc.com

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PUBLICITY CONSENT FORM

I, _____,

(please print)

consent to having photographs or other likenesses of my son/daughter, _____, appear in advertising, promotional materials, print or broadcast media for the purpose of publicity for S.T.A.G.E., Inc.

I understand that neither I nor my child will receive compensation in exchange for the use of his/her picture or likeness.

Signature of Parent/Guardian