



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

## **2019 FALL S.T.A.G.E. ELFS CLASSES** **Presents “CHRISTMAS EXTRAVAGANZA”**

**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.

**Instructors Natalie & Kaley Bared will hold registration for the fall Theatre Arts Classes from 12 to 2 pm on Saturday, August 17, 2019 in the Eli Lilly & Company Foundation Classroom at Krause House Theatre, 1300 Bulverde Road. All registration forms can be found on our website: [www.stagebulverde.org](http://www.stagebulverde.org). Please be sure to complete all forms. Completed forms must be received on or before August 17th. They can be mailed along with the registration fee to P.O. Box 75, Bulverde, TX 78163, or brought to the theater on August 17th.**

### **THEATRE FUNDAMENTALS CLASS - ages 6 - 12**

**An introductory theatre class focusing on all aspects of putting on a production.  
CLASS TIME: MONDAYS - 4:30 TO 6:30 pm BEGINNING August 26, 2019 \*COST \$100**

**SHOW DATES : NOVEMBER 21, 22, 23, 24, 2019**

**INSTRUCTORS: NATALIE AND KALEY BARED**

### **A YOUTH THEATRE PRODUCTION CLASS - Ages 12 - 18**

**An intermediate to advance class dedicated to practicing and perfecting theatre skills.  
CLASS TIME – MONDAYS -7 to 9 pm BEGINNING Monday, August 26, 2019 \*COST \$100**

**SHOW DATES : NOVEMBER 21, 22, 23, 24, 2019**

**INSTRUCTORS: NATALIE AND KALEY BARED**

**\*Multiple child discount available - \$85 for 2<sup>nd</sup> child - \$75 for 3<sup>rd</sup> child**



**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 \_\_\_\_\_

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**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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## 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