



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)

## **2020 SPRING 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 11<sup>TH</sup>** 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 11, 2020**.

Please call (830) 438-2339 for registration papers or go to [www.stagebulverde.org](http://www.stagebulverde.org)

### **Musical Theatre Class**

**THEATRE ARTS CLASSES - MONDAYS - 4:30 to 6:30 pm --- BEGINS January 13, 2020**

**YOUTH - K - 5<sup>th</sup> grade --- \*COST \$100 --- RECITAL - SATURDAY, June 6, 2020 time TBA**

### **YOUTH TNT TOURING TROUPE (By Audition Only)**

Participation in the Youth TNT Touring Troupe requires mandatory attendance at the 25th annual Texas Nonprofit Theatre Youth Festival in Bastrop, TX on June 10-14, 2020. 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 Troupe will be held on Saturday, January 11, 2020.**

**THEATRE ARTS CLASSES - MONDAYS - 7 to 9 pm --- BEGINS January 13, 2020  
6<sup>th</sup> thru 12<sup>th</sup> grade --- \*COST \$100 --- RECITAL - SATURDAY, June 6, 2020 time TBA**

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

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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):

- |  |  |
|--|--|
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Legal Guardian          |
| <input type="checkbox"/> Managing Conservator  | <input type="checkbox"/> Adult Brother or Sister |
| <input type="checkbox"/> Adult Aunt or Uncle   |  |
| <input type="checkbox"/> Judge or State Official designated by Texas Family Code Section 35.01   |  |
| <input type="checkbox"/> 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