



The East Lynne Theater Company

New Jersey's Home of AMERICAN STAGE CLASSICS

Equity Professional Theater since 1980

www.eastlynnetheater.org

121 Fourth Avenue West Cape May, NJ 08204 eastlynneco@aol.com (609) 884-5898

STUDENT WORKSHOP 2012!

This year, it's **Storybook Theater: An Evening of Fables**, presented in storytelling fashion, with minimum props and costumes. The focus is on the storytellers themselves, working as a tight ensemble, and the imagination. Tales include "The Bremen Town Musicians," "The Fisherman and His Wife," and "The Three Travelers."

Workshop/Rehearsal Dates: June 19, 20, 21, 22, 26, 27, 28, 29 from 12:30-3:30; on July 2, the rehearsal will be from 2:30-5:30, with the performance on July 2 at 8:00. On the first day, June 19, parents/guardians may arrive a little early to talk to the workshop staff, but class will begin at 12:30.

Performance: Monday, July 2 at 8:00pm, students will perform in front of an audience, open to the public, and admission free. Students need to arrive by 7:30 that evening.

Location for Workshop and Performance: The First Presbyterian Church, 500 Hughes St. (corner of Decatur and Hughes) in Cape May, where the company is in residence.

Participants: Ages 11-18. (*A younger age is accepted if a sibling age 11 or over is also in the workshop.*)
Class is usually limited to 12.

Fee: \$200.00 to be paid all at once, or in installments; minimum of \$50.00 per installment. Full amount must be received by June 13. If the student must cancel, fee will be fully refunded if cancellation is before June 12. After this date, \$50.00 will be retained by ELTC.

To sign up, fill out this form, cut, and mail to ELTC's office at 121 Fourth Ave., West Cape May, NJ 08204, with a check in the amount of \$50.00 - \$200.00. You'll receive a confirmation via e-mail. For questions, contact Artistic Director, Gayle Stahlhuth at eastlynneco@aol.com or 609-884-5898. THANK YOU!

EAST LYNNE THEATER COMPANY'S STUDENT WORKSHOP 2012

Student's Name: _____ **Student's Age:** _____

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____ **Cell Phone:** _____ **E-mail** _____
Any health issues or concerns we should know about? (example: allergic to nuts):

Enclosed is the full payment of \$200.00: _____

Enclosed is first payment (at least \$50) with rest to follow (fully paid by June 13): _____

I understand that \$50 will be retained by ELTC if a cancellation is made AFTER June 12.

Parent/Guardian Signature: _____