



P.O. BOX 121 CAPE MAY, NJ 08204 ♦ (609) 884-5898 ♦ eastlynnetheater.org

STUDENT WORKSHOP 2020! Revised on June 21, 2020

Past Productions Include: *Robin Hood, Alice in Wonderland, Story Theater, Connecticut Yankee in Queen Guinevere's Court, Tom Sawyer Detective, Little Women, and The Little Princess.*

This Year's Production: Students are asked to wear masks and the rehearsals and the performance will be socially distanced. We're looking to create a "Pandemic Movement Piece" and perform a radio play, with script.

Workshop Leaders: Gayle Stahlhuth, Lee O'Connor, James Rana, and Andrew Lofredo

Workshop/Rehearsal Dates: 3 sessions: Monday July 27, Tuesday July 28, and Wednesday July 29 from 4:00 PM – 5:00 PM. Parents and guardians may hang out in our front or back yard, wearing masks, during rehearsals. If a restroom is needed, a workshop leader will see that restrooms are maintained for safety.

Performance: Thursday, July 30 at 4:00 PM, as part of our weekly TALES OF THE VICTORIANS IN THE BACKYARD. Reservations must be made by calling 609-884-5898 or e-mail easlyneco@aol.com. Cost: \$5 minimum, cash at the door; anyone age 12 and under is free. Until further notice, we request that everyone wear a mask and sit on socially distanced seats. No food or drinks will be served, but guests may bring a beverage of their choice. Restrooms will not be available.

Location for Workshop and Performance: The backyard at 121 Fourth Avenue, West Cape May

Participants: Ages 10-16. (A younger age is accepted if a sibling age 11 or over is also in the workshop.) Class limited to 8.

Fee: \$25.00 to be paid by July 20.

To sign up, fill out this form, cut, and mail to ELTC at 121 Fourth Avenue, West Cape May, NJ 08204, with a check – or drop it off. You'll receive a confirmation via e-mail. For questions, contact Artistic Director, Gayle Stahlhuth at eastlyneco@aol.com or 609-884-5898. THANK YOU!

EAST LYNNE THEATER COMPANY'S STUDENT WORKSHOP 2020

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 \$25.00 _____

Parent/Guardian Signature: _____