



Monologue Mondays

4630 Merchant's Park Circle, Suite 737, Collierville, TN 38017 (901) 853-9669

MONOLOGUE MONDAYS

This 4-week workshop will introduce kids to the wide world of monologues and include selecting an age appropriate piece, developing their own "voice," and presenting the finished product to family and friends.

INSTRUCTOR: Graham Cooper

DATES: Mondays, Sept 14, 21, 28, & Oct 5

TIMES: SESSION I 6:00-7:30pm for ages 5-11
SESSION II 7:30-9:00pm for ages 12-18

COST: \$120

REGISTRATION FORM

Participant's Name _____ Preferred Name _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____

Sessions	Sessions
<input type="checkbox"/> SESSION I AGES 5-11 6:00-7:30 Mondays, Sept 14, 21, 28, & Oct 5	<input type="checkbox"/> SESSION II AGES 12-18 7:30-9:00 Mondays, Sept 14, 21, 28, & Oct 5





AGE _____ Date of Birth _____ School _____ Grade in Fall _____

Mother's Name _____ Daytime phone (mom) _____

Father's Name _____ Daytime phone (dad) _____

Cell phone (mom) _____ Cell phone (dad) _____

In the event that a parent cannot be reached, please call:

NAME _____ Phone _____

Can the above person give permission for treatment? (circle one) YES NO

Preferred Hospital: _____

Please list any special dietary restrictions, physical restrictions, or health problems, including allergies, that we should be aware of _____

I affirm that, except as noted above, my child is in good health and able to participate in all activities. YES NO

With the understanding that safety standards will be met, I release New Day Children's Theatre from possible claims for injury to person or property, which may arise from participation in all activities, and hereby agree to hold harmless New Day Children's Theatre, its employees, agents, or representatives from any claim, liability, or expense arising out of or in any way connected with any alleged incident or injury resulting from such participation. YES NO

In the event of a medical emergency, if parent or emergency contact is not available, I give the Camp Director permission to transport myself or my child to a medical facility. I further give permission for the Director to seek any and all emergency medical treatment needed.

*I have read and understand the summer policies outlined in this brochure. YES NO

*May we include you or your child's name and/or photograph in our advertising? YES NO

Signature of Parent/Guardian _____ Date _____

