



## The Wolves in The Walls

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

Date: August 7th thru Sept. 18<sup>th</sup> Saturday Mornings (We will take a break on Sept. 4th.)  
Time: 10:00AM—11:30AM COST: \$120 Location: New Day Studio at The Avenue Carriage Crossing

### The Wolves in The Walls

written by Neil Gaiman and illustrated by Dave McKean

Instructor: Lorraine Cotten, MFA Directing, University of Memphis  
(member of the professional actors' unions: AEA, SAG, and AFTRA)

"If the wolves come out of the walls, then it's all over." Join us for a fun, yet intensive workshop! Learn to develop a character and use your body as well as your voice through the process of staging this wonderful story! Workshop participants will be taught the fundamentals of Method acting while having fun and adapting this childrens' story written by the author of the New York Times best-seller Coraline and the comic book, Sandman. The cost of the workshop is \$ 120. Mail check to address above or visit our website to pay by Paypal.

### REGISTRATION FORM

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

AGE \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
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 workshop 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 \_\_\_\_\_