



## LAKE LANIER ISLANDS RESORT PEACHTREE POINTE AMPHITHEATRE

- Begin your journey to becoming a "triple threat".
- Learn how to work with an accompanist.
- Develop your movement skills with a choreographer.
- Rehearse Musical Theatre material as you prepare for a public performance.

### DISNEY'S 101 DALMATIANS KIDS

MONDAY-FRIDAY JUNE 10<sup>TH</sup>-14<sup>TH</sup> & 17<sup>TH</sup>-21<sup>ST</sup> 9:00 a.m. 12:00p.m.  
PERFORMANCE SUNDAY JUNE 23<sup>RD</sup> 2:00 p.m.

### DISNEY'S ARISTOCATS

MONDAY-FRIDAY JULY 22<sup>ND</sup>-26<sup>TH</sup> & 29<sup>TH</sup>-AUG 2<sup>ND</sup> 9:00a.m. 12:00p.m.  
PERFORMANCE SUNDAY AUGUST 4<sup>TH</sup> 2:00 p.m.

WORKSHOP ATTENDEES RECEIVE: a script, a home training guide, a DVD, a CD, music instruction, choreography instruction, training in stage performance skills, and a chance to perform in a show with sets, sound, make-up and costumes!

**TUITION: \$200 PER CHILD / WORKSHOP**

Make checks payable to Kaleidoscope Productions GA.

Mail with application to: Kaleidoscope Productions GA

2000 Milfield Circle

Snellville, GA 30078

**ACTORS WORKSHOP REGISTRATION FORM**

WORKSHOP: 101 DALMATIONS \_\_\_

ARISTOCATS \_\_\_

**CAMPER INFORMATION:**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_

Age: \_\_\_ Sex: \_\_\_ Present School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acting Experience (not required):

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**PARENT CONTACT INFORMATION:**

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Other # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Other # \_\_\_\_\_

Emergency Contact (other than parent - Person to call in the event a parent cannot be reached):

Name: \_\_\_\_\_, Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Profile:

Child's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Other # \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Other # \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_  
Please list all/any medications currently taken:

\_\_\_\_\_

Please List all/any allergies: \_\_\_\_\_

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Please list all/any medical conditions that would restrict your child from fully participating in all activities:

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Legal Guardian - Please Read and Sign:

In the event of a medical emergency, I authorize Kaleidoscope Productions to contact medical personnel to treat my child.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For further information/questions please contact:



Guy Priester, Artistic Director

(770) 842-1700

[guypriester@aol.com](mailto:guypriester@aol.com)