



KINDER-STAGES
Musical Theatre for ages 4-6
(Age as of program start date)

One of Marquee's newest programs developed to introduce young children to the art of expression through performing in musical theatre.



The Wizard Of Oz



REGISTRATION DEADLINE FEBRUARY 4TH, 2011

Workshops:

- ✓ *Characterization!*
- ✓ *Voice!*
- ✓ *Acting!*
- ✓ *Dancing!*
- ✓ *Stage Movement!*

Benefits:

- ✓ *Learn Teamwork!*
- ✓ *Learn Goal Setting!*
- ✓ *Increase Self Confidence!*
- ✓ *Improve Gross Motor Skills!*

Spring Term

February 10th, 2011 – April 28th, 2011

Classes are Thursdays at 4:30pm – 5:30pm

Performance April 28th at the Marquee Studio

\$150.00

No GST! No Hidden Fees!

Call or email for more information or to register!

905-713-1040

Or return your completed form, with your deposit to:

Marquee Theatrical Productions Inc.

#1 – 73 Industrial Parkway N., Aurora, ON, L4G 4C4

www.marqueetheatricalproductions.com

email: info@marqueetheatricalproductions.ca

Registration for Kinder-Stages

Student Name: _____

Parent Name: _____

Phone H: _____ Cell: _____

Address: _____

City: _____, Ontario Postal Code: _____

Parent Email: _____

Allergies: _____

Date of Birth: _____ Age: _____

VISA/MC: _____ Exp: ____/____

Signature _____

Amount to charge on credit card: \$ _____

\$ _____ Cash \$ _____ Cheque (Payable to Marquee Theatrical Productions)

*\$100.00 **non-refundable** deposit required with registration. Balance due in full the first day of the program unless prior arrangements have been made to take part in a payment plan.*

By signing below, I am allowing my child to participate in all Marquee program activities, and I give Marquee and its staff authority to act on my behalf. I release and indemnify Marquee, its Directors, Management and Staff from any claims for damages arising as a result of any injury or accident, however caused, while my child is participating in a Marquee Program. I understand that no refunds will be issued for tuition fees paid once casting has been announced. This includes any post-dated payments. I agree to honour any and all post-dated payments. I consent to the use of my child's likeness for publicity purposes.

I accept the above terms and conditions:

Signature of Parent/Guardian: _____ Date: _____

(Please print name): _____

Help us understand your child.

Please list any medical, physical or emotional information that may be helpful to our staff. This information will be kept confidential and only shared with the Marquee staff who will be working directly with your child. This information will help our staff in knowing how to handle any challenges your child might face during the learning process.
