



Thompson Recreation presents

DRAMA! MUSIC! IMPROV!

Join our new Community Drama Club

Have fun exploring the theatre and work on your acting, singing, movement and comedy skills through games, songs, skits and improvisation and to prepare for auditions and opportunities in the area. Instructor: Beth Silvia

For ages 12 and up Tues., June 29 - Aug. 3 6:30 - 8:00 p.m.

at the Thompson Library Community Center

Early Bird by June 22 Received June 23 or later

Thompson residents	\$49	\$54
Non-residents	\$53	\$58

Note: Financial Assistance is available to Thompson residents for this program. For guidelines and an application, visit our website or stop by the Recreation office. The Financial Assistance Application must be sent in with this form.

Complete the form below and return with a check in an envelope marked Thompson Recreation to the school office or Town Hall or mail it to TRC, P.O. Box 899, North Grosvenordale, CT 06255 Questions? Call 923-9440.

Community Drama Club Registration Form June 29 - Aug. 3, 2010

(Please print and list only 1 person per form)

Name _____ Age _____ D.O.B. _____

Parent Name (if participant under age 18) _____

Street Address _____ Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

Home phone _____ Cell Phone _____

(of parent if participant if child under age 18)

E-mail (of parent if participant if child under age 18) _____

Other Emerg. Contact Person _____ Their Phone # _____

Does your child/do you have any medical needs/conditions that the staff should be aware of? _____ If Yes, please explain _____

Does your child have a prescribed epi-pen or inhaler? _____

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's or my participation in this program. Photographs can be used for program promotion. Also, I give permission for my child or me to receive emergency medical care. I understand space is limited and will be made available on a first-come, first-serve basis until the class is full. I understand there are no refunds for missed classes. I understand there is a \$20 fee for checks returned to TRC by the bank. In addition to the parent(s) listed above, The following people have permission to pick my child up after class. In understand they will need to show I.D.

I have enclosed payment in the amount of \$ _____ Cash _____ Check # _____ or

I am applying for financial assistance (all Financial Assistance paperwork must be sent in with this form.) _____

Signature (of parent if participant under age 18) _____ Date _____