



ACTIVATE COMMUNITY THROUGH THEATRE

Presents **Fall** Acting Workshop Classes



ADVANCED ACTING CLASS FOR YOUTH ages 12-18

An intensive class workshop for youth who seek to develop and increase their skills and technique as actors. This is a skill-based class catering specifically to the needs and challenges of the participants. The eight-week class will immerse students in a variety of acting styles, and techniques (Stanislavski, Meisner, Bogart) with an emphasis on monologue and script analysis, breath work, voice and improvisation. A presentation of the student's work will be given for family and friends on the last day of class.

Ten weeks on Tuesdays 5-6:30pm September 19,26 October 3,10,17,24 November 7,14,28 December 5

\$225 (three-month payment plan available) \$200 if registration is mailed by August 19th.

LOCATION: Arts Unlimited 228 North Main Street, Mooresville, NC



SHAKESPEARE: OUTSIDE THE BOX ages 11-18

This three-month intensive production class workshop includes an in-depth exploration of Shakespeare's language, characters, stage fighting (in *Hamlet*, music, dance and song. *'If music be the food of love, play on'* (in *Twelfth Night*). Participants will 'learn through doing' iambic pentameter, exploration of character and text. Students will explore ways to think of Shakespeare outside the box such as *'Twelfth Night'* in a 1969 Woodstock musical world or *'Hamlet'* (students will chose the concept). The production workshop ends with a community production of abridged versions of the two plays produced at Arts Unlimited with minimal costumes and sets.

Twelve weeks on Thursdays 5-7 September 21,28 October 5,12,19,26 November 2,9,16,30 December 7,14

\$275 (three-month payment plan available) \$250 if registration is mailed by August 19th.

LOCATION: Arts Unlimited 228 North Main Street, Mooresville, NC

TEACHER

Dr. Wrenn Goodrum received her BFA in Acting from the University of the NC School of the Arts and has decades of experience teaching students aged 5 to 102. She founded and was the Artistic/Executive Director of the renowned youth theatre 'All Children's Theatre' in Providence, RI for twenty three years and was the recipient of many awards including an honorary Doctorate of Pedagogy from RI College, the Medal of Honor for Leadership from Citizens Bank/Providence College, Director of Best Play, 'Mill Girls', in the New England Theatre Conference and many more. In North Carolina, she founded and is the Artistic Director of 'ACTivate Community Through Theatre'. She has directed over three hundred plays and

taught/coached thousands of students. She uses the Socratic method as a director and educator. She believes in the power of the imagination and seeks to enlighten, educate, and empower youth through theatre arts education.

Please see her website: <https://actartisticdir1.wixsite.com/my-site-1>

QUESTIONS? For questions or for more information, contact Dr. Goodrum at 704-707-6757 or send an email to actartisticdir1@gmail.com
www.activatecommunitythroughtheatre.com

TO ENROLL: Please fill out the application and release forms below. Make checks payable to ACT. Send the forms and check to :
Dr. Wrenn Goodrum
1119 Forrest Ridge Drive NW
Concord, NC 28027



Registration and Release Form

Please complete the registration and release forms and send with your payment to:

ACT
1119 Forrest Ridge Drive, NW
Concord, NC 28027

Registration is on a first come served basis. Enrollment is limited to 15 per class. A minimum number of students is required for the classes. Waiting lists are started once a class is filled. *Please Print*

Student Information

Name of student _____ Age _____ Grade _____

Parent's Name(s) _____

Home Phone _____ Work Phone _____

Parent Cell/Email _____

Parent Cell/Email _____

Student Cell/Email _____

Additional Emergency Contact Numbers (Relative, Friend, Neighbor)

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

A quality ACT experience for your child is our number one priority and all medical information is strictly confidential.

Please describe any medical conditions we should be aware of, such as asthma or allergies to foods)

Please describe any physical or emotional conditions we should know about to best educate your child.
(ADD, ADHD, Aspergers, Learning Disabilities, Violent or Unpredictable behavior, etc)

Please advise if there is anything we should know about your child not provided on this form.

Permission: Please check all that apply to your child and sign below. Thank you.

Waiver: I have supplied ACT with all the necessary information to safely include my child in the ACT programs. I agree to take full responsibility should my child be the cause of any damage.

Participation Release. I give permission for my child _____ to participate in ACT classes. I assume all risks to my child associated with participation in the classes, including, but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the ACT program. I understand this informed consent form and agree to its conditions on behalf of my child.

Photo/Video Release. I give my permission for ACT to use photos or video clips of my child in any press, poster, ACT website, or other promotional materials developed to support the ACT programs.

Email Release. I give my permission to receive e-mails from ACT about programming. ACT does not share email addresses or student information.

I/we release and discharge ACT, its officers, and 'Arts Unlimited' and its officers from any claims, demands, liabilities or damage arising from the participation of my child in programs sponsored by ACTivate Community through Theatre.

Signature

_____ Date _____

METHOD OF PAYMENT

Prices include a \$30 non-refundable registration fee.

Make checks payable to ACT; \$30 fee on returned checks

Credit card information is shredded once the payment is complete. You may also phone ACT with the information

___ Check ___ Visa ___ Mastercard ___ Cash

Class Fee Total: \$ _____

Name (on credit card): _____

Card # _____ Exp. Date: _____ CVD _____

Signature: _____ Zipcode _____

How did you hear about ACT (circle) Word of Mouth Newsletter MCCT Ad Website Other

Refund Policy: Full refund (minus \$30 registration fee) for withdrawal two weeks prior to first class. No Refunds after the first class.

Cancellation Policy: ACT requires a minimum number of students for each class. Please register early so we do not have to cancel your selection. If a class is cancelled due to low enrollment, a FULL refund will be issued within two weeks.

Thank You