



JCC TEEN THEATER Workshops

Ages 14 - 18

Theater Exploration

Have you ever gone to the movies and thought, "I could totally do that! I could act in this movie!"

Come learn the art of acting through the theater. Students will be introduced to different elements of the stage: acting, directing, designing, improvising, and playwriting. Students will read new and exciting plays and rehearse and perform scenes and monologues. Theater Exploration will conclude with a performance night with friends and family. Lots of laughter is guaranteed.

*Not sure if the theater is your cup of tea?
Maybe you have a little stage fright?
Come to a "dress rehearsal" class!
The first class will be a freebie!*

Grab a friend and come see what it's all about and then decide if you would like to sign-up for the class.

Instructor: Patti Hughes, Director, Actor, and Educator. Starts March 15.

Mondays 6:30 - 8:00 pm (1st class free) 7 weeks \$140/M, \$160/NM 8 weeks of theater 16-1610-1

Questions? Karen Rosen, ASSP Director, 508-756-7109 x 238

The JCC is open to all regardless of race, color, religion, national origin, gender, sexual orientation, age, disability or economic condition. The Center is handicapped-accessible. www.worcesterjcc.org We reserve the right to correct typographical errors.

REGISTRATION: Please complete the following and return, with payment, (no refunds unless cancelled by the JCC) to the JCC, 633 Salisbury St., Worcester, MA 01609. You can also drop it off at the kiosk, or fax to the JCC 508-754-3373.

REFUND POLICY: Refund/credit to account shall be allowed, less a \$25 administration fee, for all cancellations or changes by participant, if notice of cancellation or change is received by the JCC office before the starting date of the program. Full refund/credit shall be made in the event an activity is cancelled by the JCC due to insufficient registration. "Teen Theater - 16-1610-1"

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Member Nonmember Age: _____ Email: _____

Cash Check M/C Visa Debit/Credit Card #: _____ Exp. Date: _____

I allow the JCC to give my child medical treatment should a medical emergency occur.

Signature: _____ Date: _____