



Falls Village Children's Theater
Fall Schedule-Starts September 2011
DANCE ~ THEATER ~ SONG ~ with LANNY MITCHELL

HIP HOP

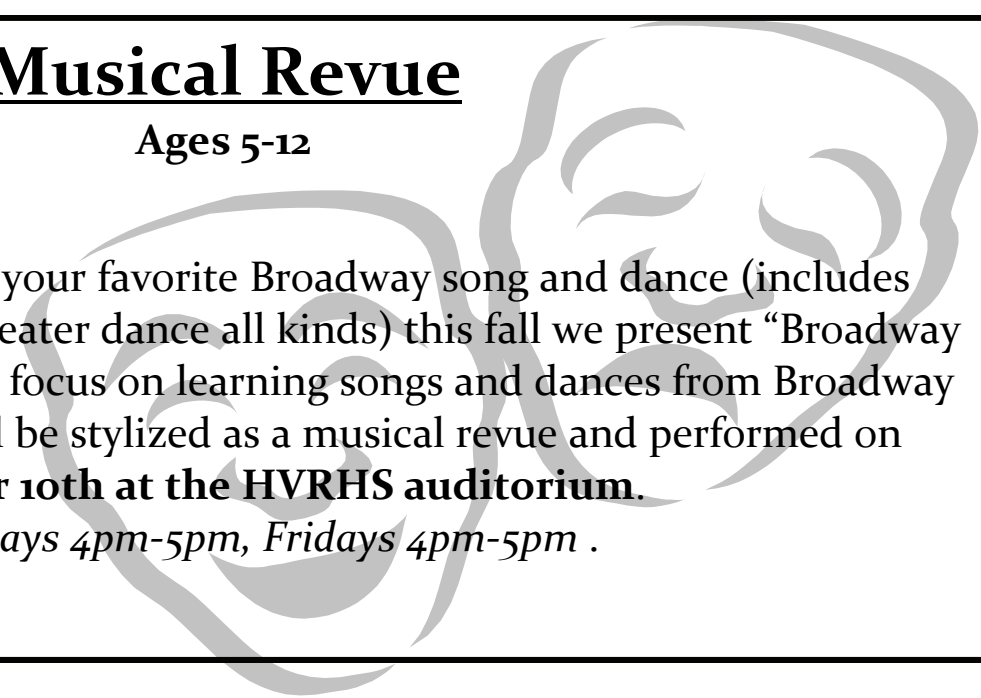
Ages 5-12 or beginners

Learn the latest dance moves in today's dance trends...no training necessary - basics will be broken down so that anyone can learn to hiphop.

Wednesdays - 4pm-5pm.

Musical Revue

Ages 5-12



Come learn and perform your favorite Broadway song and dance (includes hiphop, jazz and musical theater dance all kinds) this fall we present "Broadway to You III." This season will focus on learning songs and dances from Broadway shows. The numbers will be stylized as a musical revue and performed on

December 10th at the HVRHS auditorium.

Thursdays 4pm-5pm, Fridays 4pm-5pm .

Each class is \$100.00 Class size limited. First Come First Serve
Contact Letitia @ lgarciatripp@gmail.com to enroll.
Registration form on back

Falls Village Children's Theater Company

Fall 2011 Registration Form

DISCOUNTED TUITION OFFERED IN RETURN FOR PARENTAL SUPERVISION AT CLASS. IF INTERESTED EMAIL ASAP

<u>CLASS</u>	<u>AGE</u>	<u>DAY/DATE</u>	<u>TIME</u>	<u>WEEKS</u>	<u>FEE</u>
<input type="checkbox"/> Hip Hop	Ages 5-12	Wed 9/28	4:00-5:00	8 Weeks	\$100
<input type="checkbox"/> Musical Revue	Ages 5-12	Thurs 9/29	4:00-5:00	8 Weeks	\$100
<input type="checkbox"/> Musical Revue	Ages 5-12	Fri 9/30	4:00-5:00	8 Weeks	\$100

Tuition is due no later than September 26, 2011. Please email Letitia @ lgarciatripp@gmail.com to reserve a spot. First come, first serve. All class sizes are limited.

Classes will be held at Geer Village, North Canaan.

For more information please contact the Letitia @ lgarciatripp@gmail.com or Gina @ gjasmine@comcast.net.

This form **MUST** be sent in with the tuition. Students can not attend without this form filed.
 We will follow the Region One schedule for holidays as well as snow days.

Child's Name _____ Age ____ Parents' Names _____

Mailing Address _____

Phone _____ Alternate Phone _____ Email _____
(we communicate a lot thru email)

Emergency Contact _____ Emergency Contact Phone _____

Check should be made payable to FVCT and mailed to FVCT, c/o Letitia Garcia-Tripp, PO Box 271, Falls Village, CT 06031. The FVCT has the right to cancel a program due to low enrollment.

I/We, the parent(s) of the above named child(ren), hereby give approval for him/her/them to participate in any and all activities of the Falls Village Children's Theater Company and do hereby waive, release, absolve, indemnify and agree to hold harmless the Falls Village Children's Theater Company, all organizations, all organizers, all instructors, volunteers, officers, directors, sponsors, supervisors, participants and persons involved in the Falls Village Children's Theater Company, for any claims arising out of any injury, including transportation to and from activities, to my/our child(ren) whether the result of negligence or for any other cause. This release holds true for my child(ren) as well and myself/ourselves.

Parent's Signature (required) _____ Date _____