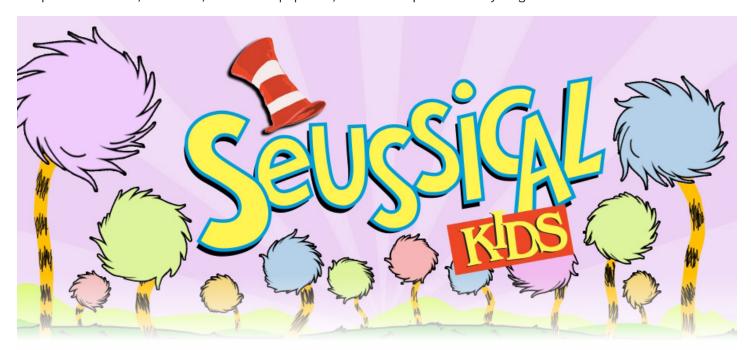
BE AN ONSTAGE PERFORMER EXPERIENCE THEATRE AND GAIN CONFIDENCE!

Trollwood Children's Theatre Presents an Ages 9-11 After-school Theatre Program at Trollwood Performing Arts School

Trollwood Children's Theatre (TCT) is an after-school theatre program that involves 9 to 11 year-old students in the creation and public presentation of **Seussical KIDS**. Students from schools around the area will become the cast and crew for Seussical KIDS. Theatre and elementary education professionals will guide the students through this exciting process. TCT provides the set, costumes, technical equipment, and staff to professionally stage the show.



DATES

March 6 - Auditions

March 8 - Callbacks

March 9 & 10 - Full Cast

March 11 & 12 - Leads Only

March 16, 17 & 18 - Leads Only

March 23, 24, 25, 26 & 27 - Full Cast

March 30 & 31 - Full Cast Tech Week Rehearsals at

Ben Franklin Middle School, Time TBD

April 2 - Full Cast Dress Rehearsal BFMS, Time TBD

April 3 Performance at BFMS, 7:00pm

April 4 Performance at BFMS, 2:00pm

AUDITIONS & REHEARSALS

Trollwood Performing Arts School at Bluestem 801 50th Ave S, Moorhead, MN

PERFORMANCE WEEK REHEARSALS & PERFORMANCES

Ben Franklin Middle School 1420 8th St N, Fargo, ND 58102

PARTICIPATION FEE \$175 (includes t-shirt)

REGISTRATION DEADLINE March 2. Enrollment is limited and students are registered on a first come first served basis. Auditions are held for parts only.

TO REGISTER Please visit https://trollwood.org/ trollwood-childrens-theatre/ to complete the registration form and include payment of program fee. Mail or email documents to Trollwood Performing Arts School, 801 50th Ave S, Moorhead, MN. Please call 218.477.6500 for questions.

REGULAR REHEARSAL TIME 4:30-6:30pm

TROLLWOOD CHILDREN'S THEATRE Seussical KIDS Registration Form 2020

Mail, email, drop off or fax completed registration form and payment to Trollwood Performing Arts School. Registration deadline is February 24, 2020. Mail: 801 50th Ave S, Moorhead, MN 56560 | Email: trollwood@fargo.k12.nd.us | Fax: 218-477-6501 | If you have any questions please call 218-477-6500.

Student Name		Parent/Guardian: Please read, sign, and date below:	
Date of Birth (M/D/Y)	Gender	Consent is granted to Trollwood for the use of media images, intervi	iews,
Age (as of August 31, 2020)		and survey responses involving my child for publicity and marketing	g
Grade Completed (Spring 2020))	purposes for the organization.	
		Signature Date	
		<u> </u>	
Home Phone			
Living with (check one): □M	other □ Father □ Both □ Other		
Check Relationship and Print Name:		Emergency contact (English speaking):	
□ Mother □ Stepmother □ Guardian		Name	
Address (if different than above)		Relationship	
Employer		Day Phone (very important!)	
Job Position/Title		Please note medical issues/allergies or special needs including social, emo- behavioral issues Trollwood should be aware of (this information is confid	
Work Phone	Home Phone		
Mobile Phone			
Address (if different than above Employer Job Position/Title Work Phone Mobile Phone	Name: dian e) Home Phone	Total Fee \$ Payment Enclosed \$ Balance Due \$	
ethnic identity: ☐ American ☐ Asian or Pacific Islander ☐ ☐ Bosnian ☐ Caucasian (whit ☐ Middle Eastern or Arab Amer	Black or African American	Payment Method (please check one): ☐ Check or Money Order/payable to Trollwood Performing Arts S ☐ Cash ☐ Credit Card (If choosing credit card, our office will contact you	
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