

Workshop Dates:  
April 20<sup>th</sup> – 23<sup>th</sup>.  
Tuesday through Friday, 9am. – 4pm.

Informal Student Showcase:  
Friday April 23<sup>th</sup> at 4:30 pm.  
All welcome – free of charge.  
(Snow Day Saturday April. 24<sup>st</sup>)  
Workshop and Showcase Location:  
Robinson Theatre  
617 Lexington Street, Waltham, MA.

Ages: 8 to 15 years old. Students will be divided into groups  
by ability and age.

Dress Code:  
Wear dance or gym attire in which you can move freely. Dance  
shoes or other rubber soled shoes/sneakers. No flip flops or  
open back shoes permitted. Black pants, jeans and colored t-  
shirts will be worn for end of week showcase.

What to Bring:  
Please bring a lunch, snacks and beverages.

Tuition:  
\$225 for Waltham resident  
\$250 for Non-Waltham resident  
Early drop off (8:30 am) or late pick up (4:30 pm) is an  
additional \$25 for the week.

To Register:  
Complete registration form and mail with payment to:  
**Reagle Players**  
**Musical Theatre Winter Workshop**  
617 Lexington Street  
Waltham, MA 02452

**Scholarship/Summer Advanced Class Auditions**  
Auditions for Spring and Summer Scholarship and Summer  
Advanced classes are Wednesday, Feb. 17<sup>th</sup> at Waltham  
High School's Robinson Theatre between 4:00 and 6:00.  
Prepare a two minute song, dance, monologue or combination  
thereof. An Accompanist will be provided. You should also  
bring a letter explaining need/desire. Scholarships are merit  
and need based. You may also submit a DVD or video to the  
address above by March 31<sup>st</sup>. For additional information email  
reagleplayerscamp@gmail.com or visit  
www.reagleplayers.com

## SPRING WORKSHOP 2010 REGISTRATION FORM

### Participant's Information (PLEASE PRINT):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (09/10) \_\_\_\_\_

### Parent/Guardian #1 (participant's primary residence):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address/Street: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work/Daytime Tel: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Parent/Guardian #2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address/Street: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work/Daytime Tel: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

**A non-refundable deposit of \$50.00 is due at the time of registration.  
The balance is due by April 1, 2010.**

Tuition: \_\_\_\_\_

Early/Late: \_\_\_\_\_

Discount: \_\_\_\_\_

Total: \_\_\_\_\_

Deposit: \_\_\_\_\_

### Method of Payment for deposit:

\_\_\_\_ CHECK \_\_\_\_ MC \_\_\_\_ VISA \_\_\_\_ AMEX \_\_\_\_ DISCOVER

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Make your check payable to Reagle Players and mail to:  
Reagle Players Musical Theatre Winter Workshop, 617 Lexington St, Waltham MA 02452