

Ballyhoo Theatre Summer Youth Workshop  
Shileah Corey, Artistic Director

## *Dear Edwina, Jr.*

Book and lyrics by Marcy Heisler, Music by Zina Goldrich

*Dear Edwina JR.* follows the adventures of plucky advice-giver-extraordinaire, Edwina Spoonapple, as she directs the neighborhood kids in a series of buoyant production numbers for the latest edition of her weekly "Advice-a-Palooza." Edwina and her friends share wisdom on everything from trying new foods to making new friends through clever, catchy and poignant songs. Featuring a host of supporting roles, *Dear Edwina JR.* provides a perfect opportunity to showcase many young performers.

Ages 8-14 (younger/older with permission.)

The Workshop is an inclusive program and students will be accepted until all available spaces fill.

Tuition: \$235.00

Ticket price: \$8.00

\$15.00 discount towards tuition for a sibling

\$20.00 discount for a single student signed up for any two Ballyhoo summer sessions

**Session dates: August 5-18, 2019**

**Rehearsals:**

Aug 5-9 – 10:30am-2:00pm

Aug 12-13– 11:00am-4:00pm

Aug 14-15 – 11:00am-3:00pm AND 6:00-9:00pm

Aug 16 – 1:00-4:00pm

**Shows:**

August 16 at 7:00pm (6:00 call)

August 17 at 7:00pm (6:00 call)

August 18 at 2:00pm (1:00 call)

Audition information: Once registration is closed we will create a packet for your student with script, CD, and all audition information. Auditions for specific roles and ensemble will be held June 6-7, and sign up information will be included in your packet. If you'd like to read a synopsis you may go to [www.mtishows.com/dear-edwina-jr](http://www.mtishows.com/dear-edwina-jr)

**Registration closes June 1, 2019**

A non-refundable deposit of \$40.00 is due with registration form. The balance is due on or before July1, and no refunds of any kind will be given after that date. Checks payable to: Ballyhoo Theatre

For more information email [ballyhoo.theatre@gmail.com](mailto:ballyhoo.theatre@gmail.com) or call call 425-345-0991

# Ballyhoo Theatre Summer Youth Workshop – Registration form

Student:

Gender:

Age:

Parent/Guardian:

Parent Phone Numbers:

Student Cell Number:

Address:

Parent and Student email addresses:

Does your child have any allergies or medical conditions that we should be aware of? Please list any symptoms that we should look for.

Emergency Contact:

Phone Numbers:

In allowing the above named person to enroll or participate in a Ballyhoo Theater production, which involves physical activities, and the use by the named person of the leased, rented or made available property and premises for said activity, the undersigned, being aged 18 or the legal parent and/or acting guardian of the participant, acting for themselves and/or on behalf of the participant, release and hold harmless Ballyhoo Theatre, their members, officers, employees and volunteers of and for any and all liability, claims, actions and causes of actions whatsoever, arising out of or relating to any loss, damage or injury that may be sustained by the participant while in, on, or upon the teaching, rehearsal or performance of the production and at all rehearsal and production facilities. In the event of any incident which may require immediate medical or dental or any other emergency attention or care, I hereby authorize Ballyhoo Theater personnel to take any and all necessary actions as it relates to immediate medical attention, transportation and emergency medical services as warranted in the course of care of the named individual. I am responsible for any and all fees and/or expenses as they may relate to this medical attention. Unless I notify you in writing, the person whom I am legally representing in this registration does not require any special care, attention or medications unless noted above. This includes, but is not limited to, any allergies, food or otherwise, and medical conditions. I hereby give permission to Ballyhoo Theater to use the named person's name and photographic likeness in all forms of media for advertising purposes. I understand that the content of the show and my child has permission to participate. I further state that I have read and understand this release and that I am legally competent to sign it.

Signature:

Date:

Mail registration forms to: 4302 224<sup>th</sup> Pl. SW, Mountlake Terrace, WA 98043