2008-09 ACTING PROGRAMS

The Putnam Children's Discovery Center, Inc. *www.DiscoveryCtr.org or (845) 621-1260 ext. 307*

Putnam Children's Discovery Center 2009 Performances

Become a Discovery Center Player (Stage Actor)

Rehearsals at
Croton Falls Community Church where Rte 22 South and Rte 202 west meet near the Croton Falls train station
Sign your child up to perform in the 2008-09 Plays:

A Midsummer Night's Dream by William Shakespeare
The classic Shakespearean comedy
Eligibility: **9th grade-12th grade (High-Schoolers)**
Performances: March 6-7 evening
Rehearsals: Jan-Mar (Fri 7-10 pm) beginning Jan 9
Auditions: Dec 6
Cost $299 ($275 members Siblings $236 ($225 members) / Save $50 register before 11/10/08

A Cavalcade of One Act Plays
The focus is on the actor with these short plays to be performed in a workshop setting.
Eligibility: **ages 6-16**
Performances: Feb 28 matinee
Rehearsals: Jan-Mar (Sat 1-3 pm) beginning Jan 10
Cost $299 ($275 members Siblings $236 ($225 members) / Save $50 register before 11/10/08

Bugsy Malone Jr by Alan Parker
Fat Sam and Dandy Dan are rivals in this musical tribute to the 1920s gangster flick.
Eligibility: **ages 9-16**
Performances: March 20-21 evening
Rehearsals: J an-Mar (Fri 7-10, Sat 12-4) beginning Jan 9
Auditions: Dec 6
Cost $299 ($275 members Siblings $236 ($225 members) / Save $50 register before 11/10/08

Info: CAdams@DiscoveryCtr.org 845-621-1260 x 306
To Register use form below to learn about more programs visit us:
www.DiscoveryCtr.org
Please note: dates, times and locations are still be finalized and could be subject to change

Ask Kelli (845) 621-1260 ext. 307 about Mommy & Me & Little Explorer Programs for kids under 4 and **the Mondays OFF Enrichment Program** (when school is closed for ages 5-9 **Volunteers earn FREE Workshops..** *To avoid distractions, all workshops are drop off for children ages 4+*

REGISTRATION FORM

Family Name _____ Phone _____ Email _____
Address _____ City _____ Zip _____

First Child _____ Age _____ Second Child _____ Age _____

Workshop Title: _____ **Workshop Title:** _____
Dates: _____ Time _____ Dates: _____ Time _____

Workshop Title: _____ **Workshop Title:** _____
Dates: _____ Time _____ Dates: _____ Time _____

__ I am a PCDC member (pay PCDC pricing) Membership Expires: ____/____/____ **To pay the lower "PCDC" price add $25 for **family membership** and your membership is valid with discounts for everyone in your immediate family for 1 year.

Pay by credit card or check: please make checks payable to PCDC **Mail to PCDC PO Box 222 Carmel, NY 10512**

To Pay by credit card **VISA** or **MASTERCARD** you may FAX (914) 205-3623 or mail registration to PCDC PO Box 222 Carmel, NY 10512

Name on Card _____ (please note: — address above must be your credit card billing address)

_____/_____/_____/_____ Exp: ____/___ Signature _____
Please note there are no refunds unless PCDC cancels the class. Assume you are in unless you hear from us.