

Summer Arts at the Cabaret

At the Downtown Cabaret Theater

**For a Summer Theater Experience
You will treasure forever...**

**We invite you to join us for our seventh
Season of lights, love and laughter...**

**Our Five Week Musical Theater Training
Program FEATURING**

Our 2011 Main Stage Production...

OLIVER

PROGRAM DATES

JUNE 27TH – JULY 31ST 2011

And Featuring

Our seventh Annual...

OPEN MIC. NIGHT - Friday July 15th

Where everyone has the chance to take center stage

Main Stage Performances of OLIVER

Thursday July 28th and Friday 29th at 8PM

Saturday 30th and Sunday 31st at 5 and 8PM

Daily Program: Monday – Friday 8:30AM to 4:00PM

Spaces are limited - For all other information call today: 203.929.0888

Summer Arts at The Cabaret 2011 Registration Form

Please return this Registration Form with a \$100.00 non-refundable deposit and mail to:
Summer Arts c/o Tobi Beth Silver 21 A Rolling Brook Lane Shelton, CT. 06484

Make check payable to: Summer Arts

Registration Forms with deposit are due on or before February 28th 2011, spaces are limited and will be taken on a first come, first serve basis.

Tuition will remain the same again this year. Full tuition is \$1,250. plus \$250. in program advertising. If you choose not to pursue advertisers the full amount is \$1500.00

A confirmation form will be sent to you upon receipt of this material.

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Name (last) _____ (first) _____

Date of Birth (month) _____ (day) _____ (year) _____ Male ___ Female ___

Grade entering as of September 2011 _____ School _____

Home Address (number and street) _____

City/State/Zip _____

Parent's Names (Mother) _____ (Father) _____

Parent's Address, if different from above:

Mother _____ Father _____

Phone (home) () _____ (Mother work) () _____ (cell) _____

Phone (home) () _____ (Father work) () _____ (cell) _____

Student's home phone _____ (cell) _____

Student's or family Email Address (make sure up to date we use often)

Request Car Pool Info. ___ (check if interested in receiving info.)

Emergency Contacts: 2 are required

Name _____ Phone _____

Name _____ Phone _____

Parents or Guardian Signature _____ Date _____

(Over 18 may sign)

All other program Information will follow