

LIGHTS UP DRAMA SCHOOL and THE HOLLIS RECREATION DEPARTMENT

present the

Spring 2014 Season of Developmental Drama

Magic & Imagination!

www.lightsupdrama.com

Two 12 week programs for kids at the Lawrence Barn.

Teacher - Roberta Woolfson Telephone: 603-672-7815

Experienced Literature and Drama Expert, Professional Storyteller, Director of Children's Theatre

Mondays – March 3rd to May 19th. Show on Friday May 23rd.

Price: \$170

3.30pm - 5.00pm **Twisted Tales** ages 10 - 14

Did you know that Snow White was the leader of a gang of gambling dwarves?

Or that Little Red Riding Hood collected wolf skin coats?

Or that the wolf did not plan to blow down the pig's brick house, he planned to blow it up with dynamite!

Stage these hilarious Grimm tales into your own modern play, with crazy music and costumes.

Learn stagecraft and characterization.

Warm up with Theater games and improvisation.



5.00pm - 6.30pm **Frozen Worlds** ages 7 – 11



Act out magical tales of loyalty, love and courage. Launch into frozen adventures with spunky princesses, crazy reindeer and hilarious trolls. Act out magical scenes from the movie "Frozen".

Test your limits, searching for your best friend in Hans Christian Andersen's "Snow Queen". Discover a really smart but funny "Reluctant Dragon". Defend him with swords and speeches in a tournament.

Climb some cold cliffs to discover icy folk tales – Russian witches, silly Giants and more Trolls! Students will be captivated by storytelling at its best and act out a different adventure every week.

Not a school sponsored event

Creativity Adventure Fun Critical Thinking Empathy Self Confidence

The Philosophy

"I believe drama should be an integral part of a child's education, and I am involved with the workings of the imagination and the craft of communication. Drama is so much more than theater, which deals with a performance and an audience. I have seen so many workshops in which the production is more important than the child's development. I am concerned with providing opportunities for invention and expression, with an understanding of human situation and behavior through movement and speech; with a bringing to life - in a way that adds to personal experience. Drama cannot be separated from the arts - music, movement, speech and song, the visual arts, poetry, technical skills, history and literature, especially storytelling. Drama is vital to all life skills!"

Aims and Objectives.

1. To stimulate the pupils imagination and to extend their creative awareness.
2. To develop the skills required for efficient communication, both audible and visual.
3. To liberate pupils from self-consciousness in order to develop their whole personality, physically, emotionally, and intellectually.
4. To develop the pupil's concentration.
5. To intensify their awareness of people and things around them.
6. To impart some knowledge and appreciation of the history and the practice of drama and the theater.

To do all this in a homely atmosphere of comfort and fun.

DRAMA REGISTRATION FORM - Mail to: **Roberta Woolfson (Include check made out to Town of Hollis)**
360 Federal Hill Road, Milford NH 03055

Students Name: _____

Address: _____

Date of Birth: _____ Age: _____ School Grade: _____

Does participant have any health disorders, medication, or emotional limitations we should know about?

Please add details on separate sheet if needed.

SELECT COURSE: 3:30pm 5:00 pm

In case of injury, medical authorities will not undertake any medical treatment without parental/guardian consent. This form allows for such medical care should you not be available to give permission. It will be kept by the teacher in case of emergency.

I agree to have my daughter/son treated for emergency medical and/or dental problems that should result from injuries received provide a licensed physician or dentist advises such treatment. I accept full responsibility for the cost of the treatment.

I WILL NOT HOLD ROBERTA WOOLFSON, LIGHTSUP DRAMA or THE TOWN OF HOLLIS RESPONSIBLE FOR ANY INJURY OR COST.

Parent/Guardian Name: _____ (Please PRINT name)

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Email _____

Health Insurance Provider: _____ I.D./Group No. _____