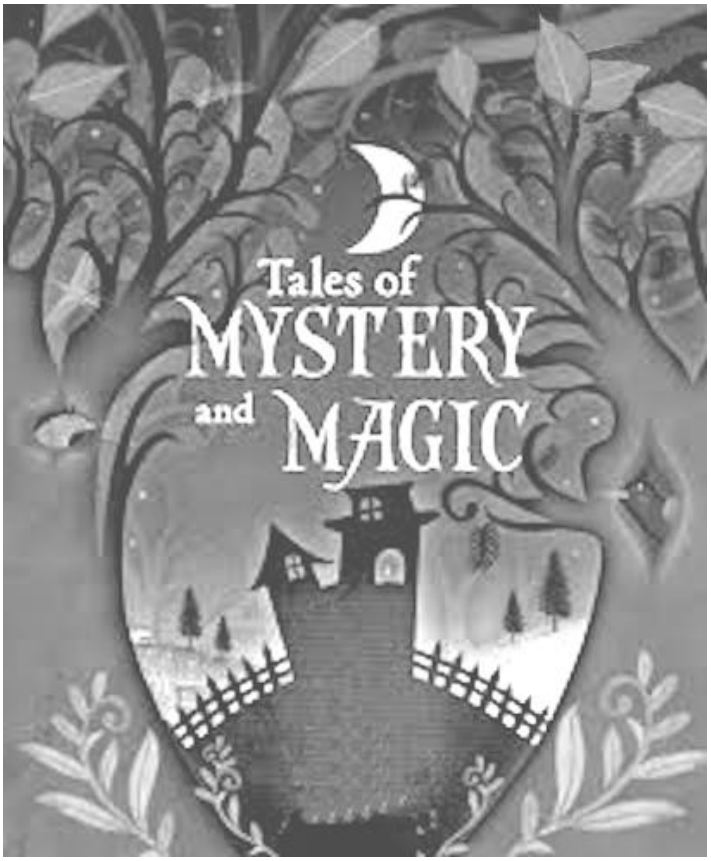
LIGHTS UP DRAMA SCHOOL & THE HOLLIS RECREATION DEPARTMENT

Mystery & Magic Fall 2015 Season of Developmental Drama



www.lightsupdrama.com

12 week programs (plus a show) for kids at the Lawrence Barn, Hollis

Price: Residents $170

Teacher - Roberta Woolfson Telephone: 603-672-7815

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

Mondays – Sept 21st to Dec 7th Show – Friday Dec 11th

Tall Dark Tales - **3:30pm to 5:00pm** 10 to 15 year olds

Visit the mysterious world of night creatures, vampires and ghosts in authentic folktales from Transylvania. Unravel strange riddles and mysteries from around the world.
Write these fantastic tales into plays with magic and music. Design your own twilight evening of thrills and chills and present your **Tall Dark Tales** to your unsuspecting audience --- if you dare!
Each lesson will warm up with improv games.

Magical Mystery Tour - **5:00pm to 6:30pm** 7 to 11 year olds

Students will be captivated by storytelling at its best. Visit Merlin the magician and fly with his dragons. Create your own faerie magic with your own crafted wand and write some crazy fairytales of your own.
Learn and perform some fabulous magic tricks - borrow some from Harry Potter and clever Hermione.
Students will turn these wonder filled stories into plays and explore new realms of their imagination with music, movement, art and poetry. They will present a show on the last Friday evening.

Creativity Adventure Fun Critical Thinking Empathy Self Confidence

LIGHTS UP DRAMA SCHOOL

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 RESPONIBLE 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. _____