Winters Shakespeare Workshop ~***The Tempest*** ~Summer 2022

Actors Enrollment: ages 13-19

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| **Workshop: Sun-Thurs 6:30-9:30PM, June 12- July 16. Performances July 15 & 16 at 8 PM in Winters City Park.** Please complete and email to marylou.linvill@gmail.com or mail/deliver to Mary Lou Linvill, 129 Russell St, Winters, 95694 | | | | | |
| First Name: | Last Name: | | | Date of Birth: | |
| Address: | | | City: | | Zip: |
| Phone: | | Email: | | | |
| Parent Name: | | | | | |
| Parent Phone: | | Parent Email: | | | |
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| **Do you have experience with...**  **☐** Dance **☐** Singing **☐** Juggling  **☐** Playing the following instrument(s): | | | | | |
| **Past Acting Experience** (use back, or attach extra sheet)**:** | | | | | |
| **Desired Role in *The Tempest*:** | | | | | |
| **Would you also like to do any of the following?**  **☐** Play Music **☐** Sing **☐** Juggle **☐** Make-Up and Hair  **☐** Costumes **☐** Dance **☐** Props and Sets **☐** Volunteer with Younger Kids  **☐** Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in the summer 2018 Winters Shakespeare Workshop.  Parent Name: Signature: Date: | | | | | |
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| **The fee for this workshop is $250.** Checks payable to WSW/Winters Friends of the Library may be sent in with this form, or may be brought to auditions. Parent Forms will be emailed to you. Completed parent forms and fees must be received by audition day. | | | | | |
| **Would you like scholarship information? ☐** Yes **☐** No | | | | | |
| **Auditions** will be held Sunday, May 29th from 2:00 to 3:00 PM in the Winters Community Library. Additional information will be sent via email. If you are unable to make auditions, please request an alternative audition time.  **For inquiries**, please text 530-204-7601, or email marylou.linvill@gmail.com. *Winters Shakespeare Workshop is a summer youth program of Winters Friends of the Library*. | | | | | |