

# Theater Arts Day Registration

Friday, January 17, 2020

**THEATER ARTS APPLICANTS: RSVP NO LATER THAN THURSDAY, JANUARY 16**

**9:20-9:55**

## **Acting-Audition Technique**

Students will learn the methods to ground themselves before and during a professional audition. Be ready for quick-paced and energetic theater exercises that test your ability to think on your feet.

**10:00-10:40**

## **Vocal Music- Audition Technique**

Students learn a simple vocal arrangement through which they will experiment with applying a variety of vocal techniques and performance practices. Discover how the whole body and mind comprise the human instrument. Observe several successful, and not so successful mock auditions by our advanced students.

### **PRINT CLEARLY**

Name \_\_\_\_\_ School \_\_\_\_\_ GRADE \_\_\_\_\_

***How did you hear about Theater Arts Day at SCVTS?***

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### ***PUBLICITY RELEASE FORM***

The Somerset County Vocational & Technical Schools use photographs of students in promotional materials to showcase particular programs and attract new students. This material includes brochures, television and newspaper advertisements, admissions information, and the school website. No student will be identified by name except where an award or recognition is received. Photographs of students to media entities not connected with the school without this written permission is not allowed.

By signing this document, I permit Somerset County Vocational & Technical Schools to use photographs and other visual records of the student named below in promotion media, including the school's website: [www.SCVTHS.org](http://www.SCVTHS.org). I understand that I am giving permission for the period of my child's enrollment at the Technical School, High School, summer enrichment program or creative arts program and that I can revoke this permission, if given below, by written notice at any time.

I permit my child's likeness in Somerset County Vocational & Technical School's publication media.

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
PARENT/ GUARDIAN NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Send forms to:

Paul O'Connor

SCVTHS Theater Department

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Bridgewater, NJ 08807

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