



TEEN ACTING WORKSHOP DIRECTOR

Kelly O'Connor graduated from SUNY New Paltz where she got a BA in both Theatre Arts and Adolescent English Education. She currently works as a substitute teacher. Her previous productions with EMBARK Peekskill include Eve Ensler's *Emotional Creature* and scenes from *A Midsummer Nights Dream* as Hermia for the Fifth Annual Firefly and Fairy Festival, and most recently, *The Fantasticks* as Assistant Director, Louisa's understudy. Her latest EMBARK work is a multi-faceted internship which covers membership administration,

events planning and more. She will help lead this summer's Youth Shakespeare Camp and a collaborative woman's project *Maiden Mother Matriarch* which culminates March 2017.



THE CLASS WILL FOCUS ON THE ACTOR'S PROCESS, INCLUDING VOCAL AND PHYSICAL WARM-UPS, AND ACTING EXERCISES, AS WELL AS ENSEMBLE WORK, INCLUDING THEATRE GAMES, IMPROVISATION AND SCENE CREATION.

EMBARK CO-FOUNDERS KATIE SCHMIDT FEDER AND SOL MIRANDA WILL ALSO BE ON HAND TO CONTINUE TO DEVELOP THIS SEED OF A NEW DIVISION OF EMBARK'S WORK! QUESTIONS: CALL 914-671-7772

PARENT NAME _____

STUDENT NAME _____

AGE _____

ADDRESS _____

PHONE _____

EMAIL _____

___ YES! ALL 4 CLASSES \$70

___ DROP IN - EACH CLASS \$20

If you know the dates you are available please checkmark

___ 6/14 ___ 6/21 ___ 6/28 ___ 7/5

MAKE CHECKS PAYABLE TO: EMBARK PEEKSKILL

SEND TO: EMBARK 1008 MAIN St. Peekskill 10566

Paypal payment accepted via embarkpeekskill@gmail.com

upon receipt of registration and fee, info packet will be sent

Photo/Video and News Release

I agree that a photograph and/or video can be used in articles about Kelly O'Connor, EMBARK|Peekskill or The Flatz to promote programs and events in publications, advertising, video, and publicity. **Student's names** will not be published.

Date _____ Print Student's Name _____

Parent's Signature _____

Liability Waiver and Release

My child(ren) and I agree to abide by the rules of the studio (EMBARK@THE FLATZ) instructor(s) Kelly O'Connor and assistants including and that all use of the studio's facilities programs and services shall be undertaken at the sole risk of the student. Teachers and studio will take all necessary precautions for your child's safety. Parent confirms that the child has no known medical restrictions that would hinder his/her participation in a class with movement.

Print Student's Name _____

Parent's Signature _____

Date: _____