



Western Washington Center for the Arts

Presenting, Preserving and Promoting the Arts for the Enrichment of Western Washington

521 Bay Street
Port Orchard, WA 98366
360-769-7469
www.wwca.us



A Summer Workshop for Children/Youth 7-14 years of age.

July 5th-16th, 2010

A delight to perform, Seussical is now one of the most-performed shows in America! In this magical, musical extravaganza, Tony winners Lynn Ahrens and Stephen Flaherty have lovingly brought to life all of our favorite Dr. Seuss characters, including Horton the Elephant, The Cat in the Hat, Gertrude McFuzz, lazy Mayzie and a little boy with a big imagination--Jojo. The story centers around Horton the Elephant, who finds himself faced with a double challenge--not only must he protect his tiny friend Jojo (and all the invisible Whos) from a world of naysayers and dangers, but he must guard an abandoned egg, left to his care by the irresponsible Mayzie La Bird. Although Horton faces ridicule, danger, kidnapping and a trial, the intrepid Gertrude McFuzz never loses faith in him, the only one who recognizes "his kind and his powerful heart." Ultimately, the powers of friendship, loyalty, family and community are challenged and emerge triumphant, in a story that makes you laugh and cry.

Workshop limited to 30 students

Rehearsals: Monday-Friday 9 am - 12 pm

Performances:

- July 17th at 3:00 pm
- July 18th at 3:00 pm
- July 19th at 6:30 pm

Program Cost:

- \$200.00 if paid in full by June 30, 2010
- \$175.00 if paid in full by June 1, 2010

These amounts include the non-refundable \$50.00 deposit which must be paid at the time of registration to secure a spot in the workshop. Each student will receive a libretto/vocal score to keep; and a "Seussical, Jr." t-shirt as part of the workshop.

WESTERN WASHINGTON CENTER FOR THE ARTS SUMMER WORKSHOP REGISTRATION FORM

Student's name: _____

Age: _____ Male: _____ Female: _____

Parent's name: _____

Address: _____

Home phone: _____

Cell phone: _____

e-mail: _____

Emergency contact: _____

Emergency phone: _____

Physician's name: _____

Physician's phone: _____

It is the goal of WWCA to provide children and youth the valuable growth experience of putting on a complete musical theatre production, working as a team and playing all the parts themselves. We are excited about this enrichment opportunity and look forward to having your child/youth participate!

T-Shirt size (please circle one)

Child: S M L Adult: S M L XL

Release statement:

I am a parent or legal guardian of the named registered student, a minor. I request that said student participate in WWCA's workshop and I hereby release WWCA and staff from any and all liability for accident or injury which might occur in connection with such participation. I further authorize WWCA staff and certified emergency personnel to act on my behalf with regard to emergency medical treatment for the named registered student. I understand photos and videos of my child may be taken and I authorize use of such photos and videos for promotional purposes.

Signed _____ Dated _____