

CHILDREN'S THEATRE OF WAUWATOSA
Little Theatres

Announces auditions for:

"Rumpelstiltskin"

Children in Grades 3 through 7 are invited to try out for the 2017 Little Theatres' Trouping production of "Rumpelstiltskin". This play will be performed at all Wauwatosa elementary public and parochial schools in March and April. Each cast will have an evening performance for family and friends. There will be five casts selected.



TRYOUT DATES AND TIMES:

AT:

Lois Weber Theater
Longfellow Middle School, 7600 West North Avenue

ON:

Monday, January 9, 2017 7:00 - 8:30 PM

OR:

Wednesday, January 11, 2017 7:00 - 8:30 PM

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Wauwatosa School District - Recreation Department
12011 West North Avenue Wauwatosa, WI 53226
(414) 773-2900
(414) 773-2920 - fax
www.tosarec.com



Grades 2 - 5

Learn the moves and strategies involved in the sport of amateur wrestling. Practices include basic and advanced wrestling skills instruction, wrestling games and live matches. An emphasis will be on helping the participants develop a love for the sport of wrestling. The program will include a fun club-only tournament.

Instructors: Ryan Gottsaker - Head Coach

Practices held in the Tosa West wrestling room (Room 260)

Grades 2-5 TTH 1/31 - 3/16 6:30 – 8:00 p.m. 268600-01

\$70 Resident / \$85 Non-resident

Includes t-shirt and membership in the Tosa Wrestling Club

If you have any questions, please contact the Recreation Department.

Recreation Department Registration Form

One household only – Please print clearly in ink.

Each adult participant must sign below. The signature of a parent or legal guardian is required for youth registration.

I, the undersigned or parent/guardian of the individual(s) named below, do hereby agree to indemnify and hold harmless the Wauwatosa School District and its employees, officers and agents from and against any and all liability resulting from participation in the activities listed below. I understand that the program(s) in which I am enrolling, like all activity programs, has some inherent risk, for which I agree to assume the liability. Furthermore, the individuals named herein are in good physical health appropriate for the activities in which they will be participating. I understand that the Wauwatosa School District does not provide accident insurance.

Signature (Participating adult OR parent/guardian of minors listed below) _____

Signature (Participating adult #2) _____

Household Information

Name(s) of Head(s) of Household: _____ Email _____

Address _____ City _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Office Use Only
\$ _____
Date _____
Initials _____

Please list more than one choice of a class. If your first choice is filled, we will try your second choice. If both are filled, we will contact you.

Program Choice	Class Name	Activity Number	Participant's Name (Include First, MI and Last Name)	Date of Birth	Grade	School	Fee
1 st Choice	Gr. 2-5 Wrestling	268600 - 01	Name:				
Alternate		____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
1 st Choice		____--____	Name:				
Alternate		____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
1 st Choice		____--____	Name:				
Alternate		____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
1 st Choice		____--____	Name:				
Alternate		____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
1 st Choice		____--____	Name:				
Alternate		____--____	<input type="checkbox"/> Male <input type="checkbox"/> Female				\$
SportCamp/Tball/Softball T-Shirt size (if applicable)	Name:	YS YM YL AS AM AL XL	Name:	YS YM YL AS AM AL XL	Activity Guide descriptions will specify "includes t-shirt". T-shirt size will not be guaranteed after 14 days prior to start date.		
	Name:	YS YM YL AS AM AL XL	Name:	YS YM YL AS AM AL XL			

If enrolling in Orchestra / Band / Jazz, please list instrument: _____ Special considerations (medical, physical): _____

My child will need physical assistance and/or additional supervision to participate.

MasterCard VISA _____ exp. Date ____/____ on back _____ Cardholder's Signature _____
3 digits

Fax to: (414)773-2920 OR Mail to: Wauwatosa Recreation Department 12011 W. North Avenue Wauwatosa, WI 53226 Make all checks payable to Wauwatosa Recreation Department.