



SHEA'S ARTS ENGAGEMENT AND EDUCATION DEPARTMENT
PRESENTS

Two Voices

The Art of Adaptation

Shea's *Two Voices: The Art of Adaptation* Education Program is designed for students in grades 9-12 who are interested in the performing and literary arts. Through a series of acting and writing exercises, participants will explore the art of adaptation using the characters from the musical *Rent* and the opera *La Boheme* (on which *Rent* is based) as their source material. The program culminates with a showcase of original student work for an invited audience of family and friends. Participants will also receive complimentary tickets to the March 27 performance of *Rent* at Shea's. No past performing experience is required to participate in the program. All workshops will take place at Shea's Performing Arts Center, 646 Main Street, Buffalo, NY 14202.

You must be able to attend the following workshop dates to participate in the program.

All workshops run from 4:00-6:00 PM and take place at Shea's Performing Arts Center.

Monday, February 25

Monday, March 18

Thursday, February 28

Thursday, March 21

Monday, March 4

Monday, March 25

Monday, March 11

Wednesday, March 27, 7:30 PM: attend performance of *Rent* at Shea's

**APPLICATIONS AND AGREEMENT FORMS MUST BE RECEIVED BY
FRIDAY, FEBRUARY 15 at 5:00 PM**

Contact Jennifer Fitzery at 716-829-1152 or jfitzery@sheas.org for more information.

Please keep a copy of this sheet for your reference.

All dates, times, and content are subject to change.



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Application

Applications and Agreement forms are due by Friday, February 15 at 5:00 PM.

(Please print neatly or type)

Student Name: _____

Parent or Guardian's First & Last Name: _____

Home Address: (Number and Street Name) _____

City, State, Zip: _____

Student Cell #: _____ **Parent Cell #:** _____

Student E-Mail address: _____ **Grade:** _____

Name and e-mail of teacher who recommended this program: _____

School Name: _____

Do you have access to your e-mail on a regular basis?

Check One: _____ **YES** _____ **NO**

Are you able to attend all of the workshop and event dates listed below?

Monday, February 25

Monday, March 18

Thursday, February 28

Thursday, March 21

Monday, March 4

Monday, March 25

Monday, March 11

Wednesday, March 27, 7:30 PM-attend performance of *Rent*

Check One: _____ **YES** I can attend all the workshops.

_____ **NO** I cannot attend all the workshops.

(if No, please explain) _____

Please answer the following questions to the best of your ability.
Feel free to use additional sheets if necessary.

(Please print neatly or type)

How will you benefit by participating in this program? Be Specific.

Describe a memorable, experience you had while watching or participating in a performance. How did this affect your view on acting or the performing arts?

Please list past theatre classes or performances in which you have participated.
(ex. school, community, or church play, musical, band, chorus, dance recital etc.)



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Program Expectations:

Those selected to participate in this program will be held to the highest standards regarding dedication and commitment. Participants are expected to arrive on time and work in a cooperative manner with their peers and workshop leaders. Failure to do any of the above is grounds for dismissal from the program. Shea's education staff reserves the right to dismiss anyone whom they believe lacks interest or commitment to the program. Regular access to your e-mail is a requirement of this program.

Please read and sign below.

By signing this document, I agree to attend all workshops and follow all expectations as outlined above.

Student Signature: _____ **Date:** _____

Parent or Guardian please read and sign below.

By signing this document, I give my consent to the following:

- ✓ Allow my child to attend all workshops and events associated with the Two Voices program
- ✓ Provide transportation for my child to all workshops, shows and events
- ✓ Give my permission to Shea's Performing Arts Center to take photographs, and/or make video or audio recordings, and /or use written quotes of my son/daughter (with their name) for the purpose of promoting Shea's Arts Engagement and Education Programs and Shea's PAC
- ✓ Allow my child's image, name and creative work to be used in a variety of marketing formats including but not limited to: Shea's Facebook Pages, Twitter, and Instagram feeds, Shea's Website, YouTube channel, and other social media outlets
- ✓ To allow my child to speak to, be filmed by, and have photos taken by TV, newspaper and other media
- ✓ Allow Shea's to display my child's creative work, name and image in Shea's lobby and in other possible venues
- ✓ I agree to pick up my child on time and understand Shea's Performing Arts Center staff is not responsible for my child once they exit the premises (the building)

Parent or Guardian Signature: _____ **Date:** _____

Note: parent or guardian signature is required.

Please mail, e-mail or fax the application and agreement form to:

Shea's Performing Arts Center
Attn: Jennifer Fitzery
P.O. Box 1130
Buffalo, NY 14205
Fax: 716-847-1644
jfitzery@sheas.org

Note: please call 716-829-1152 or e-mail jfitzery@sheas.org to confirm your application was received.

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