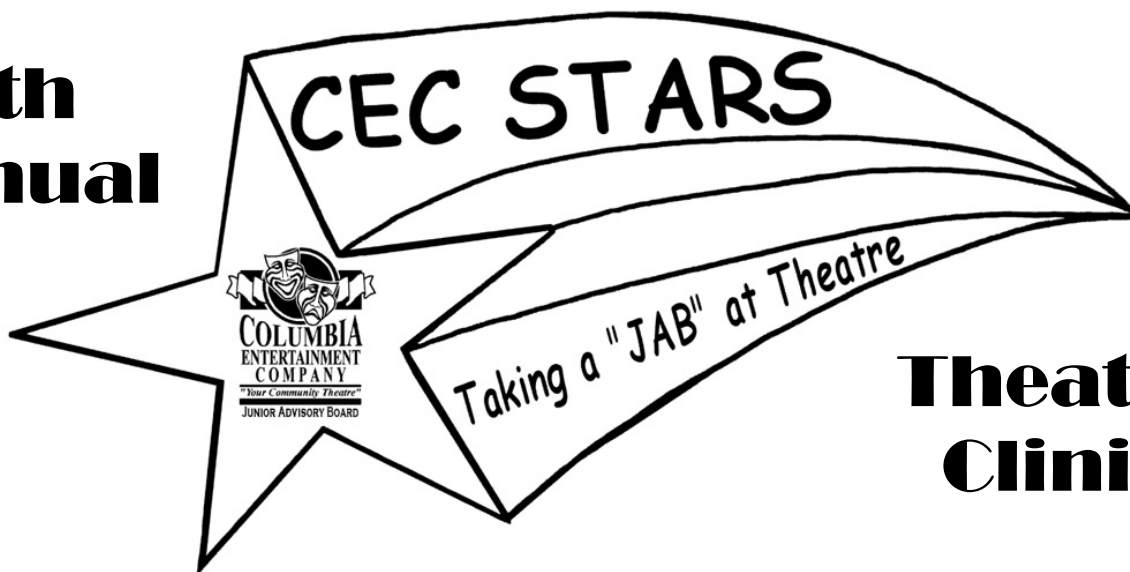


**6th  
Annual**



## **Theatre Clinic**

- Who:** Children, grades K–7 who love to learn and have fun at the same time!
- What:** A fun–filled, partial–day clinic where children experience an introduction to the fundamentals of theatre through youth–taught workshops
- When:** **Saturday, December 16, 2006**  
Registration begins at 8:30am  
Clinic begins at 9:00am and ends at 1:00pm  
Parents are invited to the closing assembly at 12:45pm
- Where:** Forum Boulevard Christian Church @ the corner of Nifong & Forum Blvd.
- Why:** To expose children to the wonderful world of theatre and to raise money for Columbia Entertainment Company
- Cost:** \$25 per child (early registration by the deadline) OR \$30 at the door  
Includes a mid morning snack — Limited number of scholarships available

**Pre–register by mail to receive the discounted rate of \$25 per child,  
but registration at the door is welcome at the regular rate of \$30!**

**What is JAB? The Junior Advisory Board (JAB)** is a theatre–loving group of 8<sup>th</sup> –12<sup>th</sup> graders who organize and participate in service and theatre support activities to benefit Columbia Entertainment Company.

Please detach form below and send with check (payable to CEC) by **Sat. Dec. 9 (registration deadline)** to:  
JAB Theatre Clinic  
C/O Vicki Palmer, JAB Advisor  
8150 N. Plain View Dr. — Columbia, MO 65202  
Questions? Call Vicki at (573) 864–9853 OR e–mail at JABTheatre@hotmail.com

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/Zip \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parents/Guardian Name(s) \_\_\_\_\_

Please list any special needs or allergies (ie. food or makeup): \_\_\_\_\_

Should my child, \_\_\_\_\_, require medical treatment or hospitalization for any accident or illness during the Columbia Entertainment Company Junior Advisory Board Theatre Clinic on Dec. 16, 2006, I give my consent for the administration and performance of all needed medicines and treatments which, in the opinion of a treating physician, are necessary and advisable. I understand that I am responsible for all medical expenses incurred by my child and that Columbia Entertainment Company provides no accident/illness insurance for my child. In addition, I give permission for photographs of my child to be used by Columbia Entertainment Company for the purposes of advertising and promotion (ie. website, programs, etc...)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_