

2626 N. Lakeview Ave. #2706 Chicago, IL 60614
phone: 847-769-8174 or 847-707-1385
skylinechicago@gmail.com
www.skylinestudioschicago.com

Skyline Studios Inc. presents...WINTER SHOWCASE for 5-8th graders!! Join us in a wonderful and exciting journey as we explore creative dramatics! Through this unique theatre experience, students will meet new people, develop interpersonal skills, confidence building, and enhance self-esteem creatively challenging their bodies, voices and hearts!

January 14 thru March 14 4:45-5:45 PM The Community Church of Wilmette 1020 Forest Avenue Tuition: \$130
--

Miss Jacqui Heinemann and Miss Erica Schultz, Directors of Skyline Studios Inc., are familiar faces to the Wilmette Community, educating at Central School and South School (Glencoe). Miss Heinemann and Miss Schultz have performed and directed numerous plays throughout the Chicagoland area. Miss Heinemann has worked with world-renowned casting directors in Los Angeles, New York, and Chicago. Together they bring their talents to Wilmette, excited to share their passion for the performing arts with the community!

**What time is it?
Showcase includes...**

All students involved in this program will have the opportunity to perform in a musical review. The class begins with a mock audition, rehearsing musical numbers and play excerpts. Each student will receive a role in the musical review. At the culmination of the course, a showcase will be performed for family and friends!

Showcase Cast # 1-Wednesdays 4:45-5:45
Showcase Cast # 2-Thursdays 4:45-5:45

Tuition and registration due by Tuesday, January 8, 2007.

- Space is limited, registration on a first come, first serve basis, no exceptions.
- Showcase performances will be the week of March 10- 14 (location TBA).
- Parts may be reassigned if student misses multiple classes.
- No refunds will be given after the first week of classes (January 14th).

****Please make checks payable to Skyline Studios Inc.****
Mail to: Skyline Studios Inc.
2626 N. Lakeview Ave. #2706
Chicago, IL 60614

Cut Here-----

Registration Form

Actor/Actress Name: _____

Age/School: _____

Showcase Cast # _____ and Day _____

Parent/Guardian Name: _____

Address: _____

Phone Number: (H) _____ (C) _____

E-mail address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

*The ONE friend my child would like to be in class with is:

(We will try our best to accommodate your requests, there are no guarantees)