



Lafayette Theatre Academy 2019-2020 Preregistration Schedule Preferences

Student Name: _____ Student Age: _____ Grade: _____

Please indicate your class preferences:

Class Title: _____ Preferred Time: _____

Class Title: _____ Preferred Time: _____

Class Title: _____ Preferred Time: _____

Class Title: _____ Preferred Time: _____

If you are homeschooled, are you available for a daytime class? _____ If yes, which days? _____

Are you planning to take classes with another LSPA organization? _____ Young Singers _____ Center for Dance

Are you involved in other weekly activities that may conflict with LTA opportunities (sports, lessons, religious meetings, clubs, etc.)? If yes, please list here: _____

Additional Opportunities through the Lafayette Theatre Academy

To help us determine interest in workshop topics, please mark any of the following subjects that interest you:

- | | |
|--|--|
| <input type="checkbox"/> Stage Combat | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Writing for the Stage | <input type="checkbox"/> Shakespeare |
| <input type="checkbox"/> Spoken Word Poetry | <input type="checkbox"/> Makeup Design |
| <input type="checkbox"/> Acting for Film | <input type="checkbox"/> Other: _____ |

Please consider the following opportunities and check those that interest you:

- LTA Youth Leadership
- LTA Production/Script Advisory Committee
- Volunteering as a mentor in a production with the Dramatically Unique classroom
- Volunteering with the Lafayette Theatre Company
- Other: _____

What do you hope to learn and/or experience this year with the Lafayette Theatre Academy?
