



Symphony Space "Global Arts"

at

The Palace Theatre, downtown Stamford

Monday, April 5 - Thursday, April 8, 2027

9:30 AM - 3:00 PM

Grades 3-5

Registration opens Dec 8th. A Registration Fee of \$75.00 is required with the registration. To Register visit www.palacestamford.org under the Education Tab. The Printable Registration Form and Overview can be found there. Email form to Cbryan@palacestamford.org or mail to C. Bryan Palace Theatre 61 Atlantic Street Stamford, 06901.

Student must be able to attend **ALL 4 days**. Unfortunately, we cannot accommodate those who can only attend partially.

This program was created in the belief that the arts bring people together, transcend barriers, and celebrate both our similarities and differences. Using the arts as primary sources rich in information about the people who created them, **Global Arts** explores cultures from Africa, Asia, and Latin America and explores the cultures of indigenous people from North & South America. Each day will be filled with activities such as Physical Warm-up, Journal Writing, Storytelling, Theatre Games, Acting, Dance and Music: elements of African influences in American Music, Samba Music, Japanese Taiko Drumming, Bharatanatyam Dance, African Drumming, Asian Art.

Turn Over for Registration Form→→→→→



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of \$75.00 is required with each Registration.**

**Send Registration and payment to Cbryan@palacestamford.org or by mail to: The
Palace Theatre.**

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Email completed form to: cbryan@palacestamford.org or mail to: C. Bryan
Palace Theatre 61 Atlantic Street, Stamford, CT 06901.**

Registration/Permission Letter/Hold Harmless

I give permission for my son/daughter _____ to participate in "The Global Arts Spring Program" at The Palace in Stamford. I will hold harmless the Palace Theatre and its employees from and against all claims, damages, losses and expenses, including attorney's fees arising out of and resulting from any injury/accident while participating in the education program. Photographs may be taken during the 4 days and used for publicity purposes only. Parents should consider any medical or emotional condition of the participant, which raise concerns about the participant's involvement in this program.

Signature of Parent/Guardian: _____ Dated: _____

Home Address: _____

City: _____ ST: _____ Zip: _____ Email: _____

Work #: _____ Cell #: _____ Child's Age: _____

Current Grade: _____ School: _____

MEDICAL AUTHORIZATION: I hereby authorize the employees of The Palace to seek emergency medical treatment for the participant named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of an emergency.

**Amount Paid \$_____ Make checks payable to: The Palace and mail with this form to: Carol Bryan, Dir.
of Education Palace Theatre 61 Atlantic Street Stamford, CT 06901**

Credit Card: ☐ Amex ☐ Visa ☐ MC Credit Card Number: _____

Exp. Date: _____ CVV Code: _____

Name on Card: _____

Signature of Parent/Guardian: _____

NAME OF PERSON/S DROPPING OFF AND PICKING UP AT THE PALACE THEATRE:

Name _____ Preferred Phone _____ Relationship to Child _____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED:

Name _____ Preferred Phone _____ Relationship to Child _____