A SENSE OF DIRECTION

THE DIRECTING PROCESS FOR YOUNG THEATRE MAKERS

Grades 9 – 12

A complimentary program meeting once a week at The Palace Theatre

4 Saturdays, October 31, November 7, 14, 21, 2026 10-2PM

Registration Opens on September 2nd, 2026

What does it take to become an influential director/artist? Appreciation of a complex story? Complex characters? The best setting for telling this story? In each session, we will explore these director tools in a 4-week program, including script analysis, articulating a director's concept, casting, collaborative rehearsal techniques, and performance, on a contemporary short play or scene. Focus will be on understanding the practical considerations of directing, leadership skills and connecting with one's individual artistry.

Leah Reddy is a New York-based writer, photographer, videographer, director and dramaturg with roots on the westside of Cincinnati, Ohio. A recipient of the 2023 SU-CASA grant from LMCC, she is currently the artist-in-residence at the Gaylord White Older Adult Center. She is a teaching artist with Roundabout Theatre Company, where she co-edits the Upstage Playgoer's Guide and directs the Virtual Theatre Talks. She is a mentor with the Arthur Miller Foundation.

Sponsored by:

The Palace Theatre 61 Atlantic Street Stamford, CT 06901

TURN OVER FOR REGISTRATION FORM→→→→

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Registration Form

Registration/Permission Letter/Hold Harmless Agreement

I give permission for my son/daughter _____ to participate in "A Sense of Direction" Workshops 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 this education program. Photographs will be taken and used for publicity purposes only. Parents / participant 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: _____

Name of Teacher who Recc this program:_____

Teacher Email:_____

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.

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

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child

EMERGENCY CONTACT/S IF PARENTS CANNOT BE REACHED:

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child

Complete and return to: C. Bryan Palace Theatre 61 Atlantic Street Stamford, CT 06901. Or drop off at The Palace Theatre Box Office, Mon-Fri Noon-5PM or send by email to: cbryan@palacestamford.org