The Putnam Children's Discovery Center presents

**Written By Craig Sodaro**

## The Fall Play — Drac's Back

Directed by Vicky Barbalato and Produced by Carolyn Adams & Judy Marano

Auditions — Monday August 30th and Tuesday August 31st 6:30
CP Center 15 Mt Ebo Rd South in Brewster off Doansburg Rd near Rt 312

Production Meeting and Call Back auditions- Tuesday September 7th

Rehearsals — begin Friday September 10th and run every Friday 6:30-9:00 and Saturday ( to be announced)

Performance — October 29th and 30th

**RECESSION SPECIAL REGISTER BEFORE JULY 20 pay only** $235 ( $200 members)

After 7/21/10 $ 299 ( $ 275 members) Siblings $275 ( $255 members)

*** if you are taking one of the two Daytime Acting Classes at The Discovery Center this summer (July 19th or Aug 2nd) deduct **$50** off Fall Play Tuition*** Logon www.DiscoveryCtr.org or call Kelli (845) 621-1260 ext 307 to learn more about this fun workshop where students will write and perform their own play complete with props made by them!

Info about Fall Play: CAdams@DiscoveryCtr.org 845-621-1260 x 306

Bloody good puns , mistaken identities, slapstick humor, and crazy characters. This might be the best and most hilarious Halloween Play ever!!

Family Name _____ Phone _____ Email _____
Address _____City _____Zip _____
Register up to 4 children on one form / same family ( *** child 2,3 and 4 pay sibling rate)

1. Name _____ age ___ $ _____ 2. Name _____ age ___ $ _____

3. Name _____ age ___ $ _____ 4. Name _____ age ___ $ _____

Total Fall Play $ _____ less any coupons (attach) - _____ + membership ( add $25) $ _____

= Total Amount Enclosed or Amount to be charged $ _____

__ I am a PCDC member ( pay PCDC pricing) Membership Expires: ____/____/____ **To pay the lower "PCDC" price add $25 for **family membership** and your membership is valid with discounts for everyone in your immediate family for 1 year.

Pay by credit card or check: please make checks payable to PCDC **Mail to PCDC PO Box 222 Carmel, NY 10512**

To Pay by credit card **VISA** or **MASTERCARD** you may FAX (914) 205-3623 or mail registration to PCDC PO Box 222 Carmel, NY 10512

Name on Card _____ (please note: — address above must be your credit card billing address)

_____/_____/_____/_____ Exp: ____/____ Signature _____

Please note there are no refunds unless PCDC cancels the class. Assume you are in unless you hear from us.