

The Village of Briarcliff Manor Recreation & Parks Department in cooperation with  
Briarcliff Friends of the Performing Arts & Briarcliff Manor Community Coalition  
present



In

# *“Urinetown”*

**Directed by Kathleen Donovan-Warren**

Musical Direction by Nadia Rizzo & Technical Direction by James Britt

Music by Mark Hollmann ~ Lyrics by Mark Hollmann and Greg Kotis ~ Book by Greg Kotis

**Middle School through College Students ♦ Tuition \$420.00**

**Not limited to residents of Briarcliff Manor and Ossining**

**Interested parties for Tech Crew also welcome**

**Visit our website for Interest Meeting and Auditions Dates**

**[www.summercliff.com](http://www.summercliff.com)**

**Rehearsals: Monday to Friday, 6:00 to 9:00 pm, starting June 21**

**Performances: July 23 & 24 at 7:30 pm; July 25 at 2 pm**

For further information contact **[summercliffplayers@gmail.com](mailto:summercliffplayers@gmail.com)**

**URINETOWN is presented through special arrangements & all performance materials are supplied by MTI**

# SUMMERCLIFF PLAYERS 2010

## "URINETOWN"

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GENDER (circle one):    MALE    FEMALE    DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

GRADE COMPLETING SPRING 2010: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

E-MAIL (print clearly): \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Please provide additional contact information in the event that a director needs to get in touch with you & your parents to communicate any changes that may be required with the program or the meeting schedule.

Parent Name: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Parent E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**PARTICIPANT MEDICAL HISTORY:** Please list any medical concerns that our staff should be aware of:  
(eg. allergies, medical conditions, medications, physical restrictions)

**REGISTRATION CATEGORY:** (please check one)

**Activity #1600**

- **PERFORMER** \$420/student \* Sec. 1

- **TECH CREW** No Charge Sec. 2

\* **Please note:** Performers that withdraw from the production after auditions/casting decisions are made are not eligible for a full refund, a registration fee of \$50.00 is non-refundable.

Make checks payable to: VILLAGE OF BRIARCLIFF MANOR

Mail to: VILLAGE OF BRIARCLIFF MANOR RECREATION & PARKS DEPARTMENT, 48 Macy Road, Briarcliff Manor, NY 10510

**PLEASE READ AND SIGN:**

I hereby certify that the above information is correct and that my child is in normal physical and mental health. I recognize that there are inherent risks involved with participation in this program, and I agree to release and hold harmless the Village of Briarcliff Manor, its employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named child may sustain as a result of participation. If I cannot be reached in the event of an injury, I give permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray and needed medical treatment.

\_\_\_\_\_  
(Signature of Parent/Guardian)

For Office use only:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_