

# VSA arts JAM OSBORN!

## 2007-2008

**REGISTER NOW!** Return application below to Ms. Terry – Room 127, Main Office, c/o Ms. Terry, or fax to VSA arts at 313-832-3387

**Dates for this JOBS AND MENTORING PROGRAM are:**

**Session 1** 10/15 – 12/19/2007; **Session 2** 1/14 – 3/19/2008; **Session 3** 3/31 – 6/01/2008

**Dance** = Hip Hop, African, Dancing Like the Stars

**Drama** = Problem Solving, Scene Study, Job and Auditioning skills

**Visual Art** = Painting, Drawing, Collages, Self Portraits

**Creative Writing** = Spoken Word, Poetry, Self Reflections

**Job Training and Interviewing Skills**

**OCLEX CREDIT + LIFE SKILLS THROUGH THE ARTS = SUCCESS!!**

Mondays, Tuesdays and Wednesday only, starting at 7<sup>th</sup> hour, from 2:35pm to 5pm. Register for one day OR ALL THREE DAYS! Want some extra bonuses and 'perks' in the program? **Those committed to 3-Day enrollment** get the following **EXTRA STUFF...**

### **STUFF LIKE...**

- **Priority enrollment...**ask Ms. Terry
- **Tickets and passes to events, shows, special programs around Detroit**
- **...and MORE!**

**YOU MUST BE FREE 7<sup>th</sup> hour.** After School **Snacks** available. After School transportation available through **DOT Bus Cards** distributed daily. **Priority enrollment** for 'At Risk', special needs **AND** staff referral students.

Space is Limited, REGISTER TODAY!



Want to know what VSA is all about? Call 313.832.3303, or visit [www.vsami.org](http://www.vsami.org) or the VSA arts of Michigan Gallery Studio located at 100 West Alexandrine in Midtown Detroit's Cultural Center



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Registration Form

Today's Date: \_\_\_\_\_

**Circle Session(s):**

Session 1 = 10/15 – 12/19/2007; Session 2 = 1/14 – 3/19/2008; Session 3 = 3/31 – 6/01/2008

**Circle Interest(s):** Dance Painting Music Drawing Poetry Spoken Word Acting

Student Name: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ Counselor/Advisor & Rm. #: \_\_\_\_\_

List (3) things you like to do: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: (if different from student) \_\_\_\_\_

City / Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip Code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

I give my permission allowing my Osborn student, named above, to participate in VSA artsJAM OSBORN!

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**After School Transportation:**

DOT Bus Cards needed: (Please circle) MONDAY TUESDAY WEDNESDAY

*This project is supported in part by VSA arts of Michigan, the Skillman Foundation,  
The City of Detroit Good Neighborhood Initiative and individual contributors*

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