

Young Authors' Symposium 2017

Presented by



Narrative Writing From Page to Stage



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Join DeltaARTS and Broadway actress, vocalist, director, and teacher, Jenny Odle Madden, in an exploration of narrative writing based on real or imagined experiences or events, AND discover how to take a narrative piece from PAGE to STAGE. Setting, Pacing, Description, Context, Characters, Conclusion, and Monologue—this Young Authors' Symposium will unlock the secrets to inventive narrative writing and performance.

Led by **Jenny Odle Madden**

Date: Tuesday, February 7, 2017

Time: 8:30 a.m. – 12:30 p.m.

Location: Eugene Woods Civic Center – 212 West Polk, West Memphis, AR

Criteria:

- Open to sixth grade language arts students and language arts teachers.
- Participating students should be imaginative, possess excellent verbal and writing skills, have an interest in writing, and be able to engage in participatory feedback and helpful criticism.
- Participating teachers will attend a special workshop of their own to take the process back to their classrooms.
- Note: Due to recommendations from teachers this year we are limiting space to 100 **sixth grade** students. Each school may send up to **ten (10) students**.
- Registration is on a **first come/first served basis**.
- **Registration deadline is Thursday, January 26, by 4:30 p.m.**
- Cost is **\$10 per student. (Checks should be made out to DeltaARTS).**

Questions: Contact Sandy Kozik at (870) 732-6260 or skozik@deltaarts.org

The Young Authors' Symposium is made possible by a grant from Esperanza Bonanza.



2017 Young Authors' Symposium Registration



PLEASE PRINT ALL INFORMATION

School: _____ Address: _____

School Phone: _____ City/State/Zip: _____

School FAX: _____ **Contact Teacher's email:** _____

Name of all Language Arts Teacher(s) attending (no charge):

Teacher's Name(s)

Phone

EMAIL (extremely important)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Cost per student \$10.

Please include payment with this form or at the door. All fees due at time of event.

	Last Name of Student	First Name of Student	Language Arts Teacher's First & Last Name (for each student)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total enclosed \$ _____

Principal's Signature: _____ **Date:** _____

(Completed forms can be mailed, emailed or FAXED). FAX forms to: 870 735-6262
 DeltaARTS, Box 1434, West Memphis, AR 72303 or skozik@deltaarts.org Please make **checks out to DeltaARTS.**