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CDS Skit Kit II

by PEG KEHRET

- 1. The First Appendectomy Without Anesthesia
- 2. Heap Big Peace Pow-Wow
- 3. Now A Word From Our Sponsor
- 4. High School Awards Night
- 5. Grand Finale at the Flea Circus
- 6. A Visit to Santa Claus
- 7. Parents' Night Open House
- 8. The Starving Poet
- 9. Monkey Shines at the Drama Club
- 10. The Invisible Dog Show
- 11. Advertising Pays
- 12. Tour Adventures on the Isle of Papoolie
- 13. Parents' Night Music Recital
- 14. A Kiddies' Vacation Tour
- 15. The Mailman Cometh

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HOW TO AVOID SKITS-OPHRENIA

(Some hints on getting it all together)

The key to a good skit is informality. Unlike plays, skits do not have to be professional or polished in order to be successful. It isn't necessary to memorize lines, sew costumes or construct scenery. It is necessary to have fun. If the players can relax and let their collective sense of humor guide them, the audience will soon get into the spirit, too.

Part of the audience's fun comes simply from seeing friends and acquaintances on stage, "hamming it up." They don't expect to see a professional performance. They ask merely to enjoy a good time: to laugh a little and grin a lot at the antics of the performers.

It is perfectly all right for the players to carry the scripts with them, though most of these skits are short enough to make memorization easy. The lines are not necessarily unalterable. If, by changing a few words, the scene seems funnier or more appropriate for your particular situation, go ahead and change it.

In a few skits, a prop or two is suggested. Nowhere are they completely necessary. If you don't have it, don't worry. Use your imagination instead. If **you** can visualize a make-believe space ship, your audience will be able to see it with you.

Because skits do not have "stars," each participant is as important as every other. Some players will never speak a line but they can still throw themselves whole-heartedly into the action. Many of the characters are stereotypes and will seem funnier if they are portrayed in an exaggerated fashion.

If your group of players is inexperienced, it may be helpful to have a leader for each skit. The best skits are cooperative group efforts but if one person in the cast is responsible for seeing that the performance is ready when the alloted preparation time is up, he may help to draw out the group's ideas more quickly.

Preparation time will vary according to how much is available and how polished a production is planned. But whether your group spends half an hour or several days rehearsing, the main thing to remember is to enjoy what you're doing. If you have a good time, your audience will have a good time, too.

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1	Skit #1
2	The First Appendectomy Without Anesthesia
3	
4	CAST: The Patient, Doctor, Intern, Two (or more) Nurses, Office
5	Manager.
6	SETTING: The scene is an operating room. The PATIENT lies on
7	a table or bench in the center, draped with a sheet. Only his
8	head shows. The NURSES and DOCTORS enter. They wear
9	their shirts or jackets backwards (so they button up the back)
10	and have white handkerchiefs or dish towels tied around their
11	heads. They stand in a semi-circle around the PATIENT, facing
12	the audience.
13	
14	DOCTOR: As you all know, we are about to undertake an
15	historic event, the first appendectomy to be purposely
16	done without anesthesia. Our patient has been carefully
17	instructed in the new science of Convincism. Since this
18	hitherto untried surgical method is being televised
19	world-wide, we know that millions of people would like
20	to know a little more about what is going to happen and
21	why. Therefore, before we begin the surgery, we are going
22	to talk a few minutes with the patient. Mr. Patient, would
23	you care to tell our viewers something about
24	Convincism?
25	PATIENT: (Lifts his head and repeats woodenly) It won't hurt.
26	It won't hurt.
27	DOCTOR: You understand that you are about to become the
28	first person ever to purposely undergo an appendix
29	removal without the benefit of an anesthetic?
30	PATIENT: It won't hurt. It won't hurt.
31	NURSE 1: He seems convinced, all right.
32	DOCTOR: The patient is obviously thinking about the
33 34	operation and is not able to discuss the philosophy
34 25	behind it. Mr. Intern, perhaps you would like to speak

1 certainly would. Ladies and INTERN: I gentlemen, 2 Convincism is probably the most exciting new concept 3 to hit the medical world in centuries. We've long been 4 familiar with the old phrase, "mind over matter," but we've never really put it to the test. Even hypnotism went 5 only so far in its methods. But Convincism is a technique 6 7 whereby a person is able to convince himself of anything 8 at all. He can do anything, be anything that he wants as 9 long as he is convinced that he can do it. It has been successful with athletes who have convinced themselves 10 11 that they can break records and then have gone on to do 12 iust that.

13 NURSE 2: No kidding.

14 INTERN: People who have been lost in the mountains have convinced themselves that they knew the way home and 15 16 have then emerged safely.

17 NURSE 1: How did this get started?

Up to now, that has been a carefully guarded 18 19 secret. The leaders of Convincism thought it best not to 20 divulge who founded this new concept. Today, however, with this exciting first in the field of medicine, they have 21 22 agreed to let our patient break the news to the world.

23 It won't hurt. It won't hurt. PATIENT:

24 NURSE 2: He's really brain-washed. He sounds like a robot.

DOCTOR: 25 I assure you, he is a real person. Intern, perhaps 26 you should tell our audience who founded Convincism.

27 INTERN: (Reverently)The originator of Convincism 28 was...Clark Kent.

29 NURSE 1: Who's that?

30 INTERN: Who's that? Clark Kent. You know, Superman!

31 You mean he just talked himself into believing 32 that he could fly and was bullet-proof and then he really was?

33

34 INTERN: That's right. Convincism at its most glorious.

35 NURSE 2: And now this guy's going to try it. Well, for his

- 1 sake, I hope it works.
- 2 PATIENT: It won't hurt.
- 3 DOCTOR: If everyone is ready, it's time to proceed.
- 4 INTERN: We're ready.
- 5 DOCTOR: Patient?
- 6 INTERN: He's ready.
- 7 DOCTOR: Very well. Let's begin. (The OFFICE MANAGER
- 8 comes running in, waving some papers.)
- 9 MANAGER: Wait. Don't start yet.
- 10 DOCTOR: What's the matter?
- 11 MANAGER: There's been a mistake. We neglected to get the
- 12 patient's signature on these forms.
- 13 INTERN: What forms? What are they?
- 14 MANAGER: This one was drawn up by the hospital's legal
- staff. It states that this entire procedure is the patient's
- suggestion and it absolves the hospital of all
- 17 responsibility if something goes wrong.
- 18 INTERN: Isn't that a bit unusual?
- 19 MANAGER: So is this operation.
- 20 DOCTOR: What about the other form?
- 21 MANAGER: This one is from the patient's insurance
- company. They insist that this sort of procedure is not
- covered under his major-medical plan. They won't be responsible for hospital expenses resulting from the
- 25 surgery.
- 26 INTERN: What expenses? There won't be any expenses. He'll
- 27 be going home as soon as we're finished. There'll be no
- pain ... no recovery room ... no convalescence.
- 29 MANAGER: You may be convinced of that; Green Cross is
- **not. Sign here, please.** (He hands the papers to the PATIENT
- 31 who doesn't take them.)
- 32 PATIENT: It won't hurt, it won't hurt.
- 33 MANAGER: (To DOCTOR) You'd better make him sign them.
- 34 INTERN: You can see for yourself that he's not able to sign
- 35 any papers. Besides, it's a waste of time. Nothing is going

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