

Rebel Shakespeare Company

REGISTRATION FORM 2010

I wish to register for the _____ program.
(Please specify: July Program, August Program, July Teen Intensive, August Teen Intensive
or Shakespearience)

Student's name: _____ sex: _____

What is your child's age as of July 1st 2010? _____ years, and _____ months.

address: _____

city: _____ state: _____ zip: _____

date of birth (m/d/y): _____

home phone: _____ cellphone: _____

If at all possible, please provide a working email address for your child. Work assignments, reminders, and rehearsal materials will be sent to them daily. We will never give out or share any email address with third parties. Only Rebel Shakespeare staff will have access to your and your child's email addresses.

student's email: _____ **please print in block letters)**

mother's name: _____ cellphone: _____

mother's email: _____

father's name: _____ cellphone: _____

father's email: _____

**Please make sure you have included valid & legible email addresses.
Most of our communication will be via email.**

Please enclose full tuition or your \$200 deposit.
Checks should be made out to *Rebel Shakespeare Company*, and sent to:
Rebel Shakespeare Company, p.o. box 847, Salem, MA 01970

Please Check: I have included: ____ the full tuition ____ the \$200 deposit
with this registration form.

Reminder: Your 2010 medical form and immunization records **MUST** be in our hands by April 1, 2010 or your spot may be forfeited.
We cannot receive our annual certification without it.

