



REBEL
SHAKESPEARE
COMPANY

REGISTRATION FORM 2015

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

Student's name: _____ sex: _____

What is your child's age as of July 1st 2015? _____ years, and _____ months.

address: _____

city: _____ state: _____ zip: _____

student's 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)**

parent/guardian #1 name: _____ cellphone: _____

parent/guardian #1 email: _____

parent/guardian #2 name: _____ cellphone: _____

parent/guardian #2 email: _____

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

Please enclose full tuition or the non-refundable \$250 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've included ___ full tuition or ___ \$250 non-refundable deposit.