Name: ________________________________
Phone: __________________________

Parent/Guardian Name__________________________
Parent/Guardian Phone__________________________
Parent/Guardian Email__________________________
Address: ______________________________________

Age: ______  Grade: ______
School: _________________________________________
Email Address: __________________________________

How did you hear about us?
______________________________________________________

What plays by Shakespeare have you read?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What plays or monologues by Shakespeare have you done?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Besides acting, what areas of theatre interest you? (i.e. props, costumes, lights)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What types of classes would you be interested in (Please Circle)

Mime       Costume      Text Analysis      Improvisation      Mask      Stage Combat
Movement/Dance   Directing   Other: __________________________

List any special skills you have.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Which session are you available for - select both if applicable:
☐ Measure for Measure  (June 20-July 16)
☐ Romeo and Juliet  (July 25-August 20)