



Summer Shakespeare Conservatory

Dates: Tuesday, July 20th to Saturday, July 31st, 2010; Time: 10:00am- 5:00pm

Name: _____

Address: _____

City, state, zip: _____

Phone: _____ Grade Entering in Fall (circle) 9 10 11 12

Email: _____

Name of School: _____

Drama teacher (if you have one): _____

List productions you've appeared in:

PAYMENT INFO

\$600 for entire 2-week curriculum

We accept payment in installments of 2 payments of \$300 (for a total of \$600). Full payments must be received by July 20th, 2010.

Deposit includes \$25 non-refundable processing fee

For payment by Credit Card:

Credit Card Number: _____

Card Type (circle): Visa Mastercard,
Discover, American Express

Expiration Date: __/__/__

Mail check, money order, or cash with application to:

Georgia Shakespeare
4484 Peachtree Road, NE
Atlanta, GA 30319

Make checks payable to the order of:

Georgia Shakespeare