



Teen Shakespeare Conservatory

- Summer Intensive • Weekend Workshops • Fall/Spring Conservatory

Registration Application: July 6-24, 2013

Return application, picture/resume (if possible) and \$25 application fee to:

**Actors Movement Conservatory
Attn: Teen Shakespeare Conservatory
PO Box 1098
New York, New York 10018**

**Contact: Janice Orlandi, Artistic Director
(212) 736-3309
ams@actorsmovementstudio.com**

Applicant's Name Last: _____ First: _____

Nickname (prefer to be called): _____

Applicant's Data

Check One: Male ___ Female ___ Birth Date (month/day/year): _____

High School/College: _____

Current Mailing Address

Street/Apt. _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

Permanent Address (if different from above)

Street/Apt. _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

Please describe why you want to participate in this Shakespeare Intensive:

Mother/Guardian's Name

Last: _____ First: _____

Street/Apt. _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

Work Telephone (or Day Time Contact): _____

Father/Guardian's Name

Last: _____ First: _____

Street/Apt. _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

Work Telephone (or Day Time Contact): _____

Additional Emergency Contact Person

Last _____ First: _____ Initial: _____

Home Telephone: _____ Mobile: _____

Please sign and date this registration application, as indication that all information contained here in is factually correct and honestly presented by me, the student and parent/guardian.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

**TEEN SHAKESPEARE CONSERVATORY
ACTORS MOVEMENT STUDIO CONSERVATORY**