



**Teen Shakespeare Conservatory**

- Summer Intensive • Weekend Workshops • Fall/Spring Conservatory

**Registration Application: July 6-24, 2011**

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

**Actors Movement Conservatory  
Attn: Acting Shakespeare Teen Intensive  
302 West 37<sup>th</sup> Street, 6<sup>th</sup> Fl.  
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:*

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***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 herein 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 CONSERVATORY**