



Adult Shakespeare Work Out Series 2017-2018

Participant Information:

Name: _____

Address (Street, City, State, Zip): _____

E-mail: _____

Phone Number: _____

How did you hear about the Adult Master Class Series?: _____

Please check the class(es) for which you are registering:

____ Shakespeare Work Out Fall 2017, with Jennie Israel and Paula Plum

____ Shakespeare Work Out Spring 2018, with Jennie Israel and Paula Plum

Payment Information:

Shakespeare Work Out Tuition: \$650; Early Bird \$600

Tuition: _____

Donation: _____

Total: _____

Credit Card for Payment:

Card # _____ Exp. (MM/YY) ____/____ Security Code (CVV) _____

Cardholder Name _____ Cardholder Signature _____

____ I have enclosed a check. ____ I will pay by phone; please call me at _____.

Please complete both sides and return to lindsay@actorsshakespeareproject.org or
ASP / 191 Highland Avenue, Suite 2B / Somerville, MA / 02143.

Scholarship Information:

Full and partial scholarships are available to participants for whom the tuition is a hardship. Please indicate the level of scholarship you are requesting. An optional "why I'm requesting a scholarship" field is available for any additional information you would like us to know. Additional paperwork may be required before a scholarship is granted.

_____ Full Scholarship _____ Partial Scholarship (Amount Requested: _____)

(optional) Why I'm requesting a scholarship:

Release:

PLEASE READ IN FULL. Participation will be denied without the signature of the participant.

I UNDERSTAND THAT THIS IS AN IMPORTANT WAIVER OF MY RIGHTS.

The undersigned, for myself participating in the workshop(s), release Actors' Shakespeare Project from any and all liability, loss, damages, costs, claims, and/or causes of action - including but not limited to all bodily injuries, damages, or loss of property - arising out of participation in this workshop.

The undersigned, for myself participating in the workshop(s), give my permission for Actors' Shakespeare Project to use photographs and/or videotape of me for publicity of this and future programs, including but not limited to internet publication and inclusion in any Actors' Shakespeare Project publication.

Please note that Actors' Shakespeare Project is committed to a safe environment for all. On the first day of every workshop, class, or rehearsal, group agreements are established. Should behavioral issues arise, Actors' Shakespeare Project reserves the right to take appropriate action (including dismissal from the workshop, if applicable) at the discretion of management.

I have read, understood, and agree to the above.

Participant Name: _____ Participant Signature: _____

Please complete both sides and return to lindsay@actorsshakespeareproject.org or ASP / 191 Highland Avenue, Suite 2B / Somerville, MA / 02143.