



Summer Teacher Institute 2016 at Charlestown Working Theater

Registration Form

Please print clearly. All information provided will be kept confidential.

All the school's a stage, and you can teach your students to be players! Learn to bring Shakespeare off the page and into the bodies and hearts of your students through this immersive approach to teaching Shakespeare. Our featured text is *Hamlet*, the first show of ASP's 2016-2017 season. Explore this play of deeply conflicted characters, manipulation, and madness. You'll experience workshops in movement, voice, acting, directing, text analysis, and seminar discussions relevant to *Hamlet's* themes. Come away re-energized, with new tools and activities for your classroom. We will focus specifically on direct classroom correlations as required by the Common Core. Led by: ASP Resident Acting Company Member and Director of Education Mara Sidmore, Curriculum Specialist Lori Shaller, SSU Associate Professor of English and Shakespeare scholar Jeff Theis, and additional faculty of Boston's best teaching artists and educators.

Designed for teachers of middle and high school grade levels, this course is **appropriate for teachers of any level of experience**. All are welcome!

PROGRAM REQUIREMENTS & SCHEDULE (all information is subject to change):

- Monday, August 8th-Friday, August 12th, 2016
- Program Runs Monday – Friday, 9:00AM – 5:00PM
- There will potentially be one (optional) evening program outing during the week of the course to see a live theater production. Specific information TBD.
- Participants must attend a Reconvene Meeting in September 2016. Tentative date: September 24.

PROGRAM LOCATION: Charlestown Working Theater (442 Bunker Hill Street, Charlestown)

PROGRAM COST:

- \$1200.00 for 3 Graduate Credits
- \$875.00 for 50 PDP's
- Limited scholarships are available



PLEASE COMPLETE THE FOLLOWING 3 PAGES AND SUBMIT AS DIRECTED

Name: _____

Gender: _____

Mailing Address: _____

City, State, Zip: _____

Primary Phone: _____ **Cellular Phone:** _____

E-mail Address: _____

Emergency Contact: _____

Relationship: _____

Are you interested in this course for:

Graduate Credit? Y ___ N ___ **Professional Development Points?** Y ___ N ___

Will you be requesting a scholarship for the Institute? Y ___ N ___ **Full** ___ **Partial** ___

Comments:

In case of an emergency, are there illnesses, allergies, or medications of which we should be aware?

How did you hear about this program?

School Affiliation (if applicable):

Subjects Taught or Currently Teaching (if applicable):



In your own words, please tell us why you are interested in participating in Summer Teacher Institute 2016. (Please feel free to attach additional pages if you run out of space below):

What do you hope to learn from this program?



PLEASE READ:

Participation will be denied without the signature of the participant.

The undersigned, for myself participating in the workshop(s), release Actors' Shakespeare Project, Salem State University, and Charlestown Working Theater and their past, present and future officers, employees, agents, representatives, successors, assigns, and insurers from any and all liability, loss, damage, 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 the workshop.

The undersigned, for myself participating in the workshop(s), give my permission for Actors' Shakespeare Project and Salem State University 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 and Salem State University publication.

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

Please note that Actors' Shakespeare Project and Salem State University are 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, both Actors' Shakespeare Project and Salem State University reserve the right to take appropriate action (including dismissal from the workshop, if applicable) at the discretion of management.

By signing this form you are agreeing, if admitted to this program, that (to the best of your knowledge) you will be able to fulfill the requirements of the program, including attending all classes and workshops.

Print Name:

Signature:

Return this application form to:
Mara Sidmore, Director of Education Programs, Projects, and Partnerships
c/o Actors' Shakespeare Project,
191 Highland Avenue, Suite 2B,
Somerville, MA 02143

Or email to: mara@actorsshakespeareproject.org

For more information, call (617) 776-2200, ext. 224