

STRATFORD Shakespeare FESTIVAL



Teaching Shakespeare Program 2012

REGISTRATION DEADLINE IS APRIL 30

Name: _____

School: _____

School address: _____
STREET CITY, PROVINCE POSTAL CODE

Home address: _____
STREET CITY, PROVINCE POSTAL CODE

PLEASE PROVIDE YOUR COMPLETE HOME ADDRESS. WE WILL CONTACT YOU BY MAIL DURING THE SUMMER.

Phone numbers: School: _____ Home: _____

Email address: _____

Class(es) to participate in the Teaching Shakespeare Program:

	Grade	Course Title	Number of Sections	Student Players' Festival*
1.				
2.				
3.				
4.				

Please note: These must be courses and sections that you teach. The Teaching Shakespeare Program does not provide visiting artists to teachers who did not participate in Stage 1 of the program in the current season.

***One scene per teacher may be entered in the Student Players' Festival. Please check beside the class you wish to enter.**

My signature below indicates that I understand that participants in the Teaching Shakespeare Program may be photographed and/or filmed while attending the program, and that the Stratford Shakespeare Festival reserves the right to use these images for promotional purposes.

SIGNATURE DATE

Please return this form to:
 Education Department
 Stratford Shakespeare Festival
 P.O. Box 520
 Stratford, Ontario N5A 6V2

Please enclose a cheque for \$120, post-dated to June 1, 2012 and made out to the Stratford Shakespeare Festival. Your cheque is required to confirm your registration and will become the deposit for your ticket order. Cheques will be returned only for cancellations before June 1.