

**YOUNG ACTORS SHAKESPEARE
CONSERVATORY REGISTRATION FORM**



Name and age: _____

Parent's Name(s): _____

Email: _____

Day phone: _____

Evening phone: _____

PAYMENT INFORMATION

Total cost of the class is \$ _____ .

A payment of \$ _____ is included with this registration.

The remaining balance of \$ _____ will be paid according to your payment schedule below:

Date: _____ amount: \$ _____

Date: _____ amount: \$ _____

Date: _____ amount: \$ _____

I intend to make payments by:

- Check (*made out to Acorn Productions*) or cash
- MC/Visa (Card: _____ Exp: _____)
(3-digit code: _____ Zip Code: _____)

I agree to pay the balance in full by December 31, 2010:

Signed: _____

Please mail to: Acorn Productions, P.O. Box 304, Westbrook, ME 04098



P.O. BOX 304, WESTBROOK, ME 04098 • (207) 854-0065
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