

Shakespeare in the Hills Summer Camp
Summer 2010 Application Form

Child's Name: _____ D.O.B. _____

Address: _____

Phone: _____

Email: _____

T-shirt size (choose one): Child's large Adult Small Adult Medium

Father's name: _____

Address (if different): _____

Phone: _____

Email: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Email: _____

Camp dates: July 26 to Aug. 6, 2010, from 10 AM –5 PM at the Old Meeting House, East Montpelier Center, with performances of *The Two Gentlemen of Verona* on **Aug. 6** at 7 PM and Aug. 7 at 2 PM, at the Plainfield Town Hall, or other location to be announced. Campers must bring a bag lunch and snacks.

Fee: \$450 per child.

___ I enclose \$100 as a **non-refundable** deposit. I will remit the balance of \$350 no later than June 1, 2010.

___ I enclose the full tuition of \$450, of which \$100 is **non-refundable**.

**Please make check out to "Shakespeare in the Hills" and send it to:
Shakespeare in the Hills, 36 Hudson Ave. , Plainfield VT 05667.
Questions? Call Peter at 454-9334, or email ShakespeareInTheHills@charter.net.**

Signature of parent or guardian

Date