



Class/Camp Enrollment Form

Student's First Name _____ Student's Last Name _____

School _____ Grade _____ Date of Birth _____

Parent's First Name _____ Parent's Last Name _____

Daytime Phone _____ Evening/Cell Phone _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Name of Class _____ Tuition _____

My check is enclosed.

Or, please charge to my Visa M/C Discover

Card # _____ Exp. Date _____

Signature _____

Please mail or fax this enrollment form to:
Marin Shakespeare Company
P.O. Box 4053, San Rafael, CA 94913-4053
Phone: (415) 499-4487
Fax: (415) 499-1492
www.marinshakespeare.org

Scholarships are available based on financial need; our goal is to include all students regardless of their ability to pay. To apply for a scholarship, please submit a copy of your latest tax return, or verification of eligibility for free or reduced lunches, or call the Education Director at (415) 499-4487.