



**"Shakespeare with Heart"
Summer Drama Institute
Registration Form**

June 21 - July 2, 2010 – First-time Participants
and
July 12 – 23, 2010 – Returning Participants

Participant's Name: _____ Gender: Male Female
Date of Birth: _____ School Name/Grade: _____
Parent/Guardian Name(s): _____
Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Participant Cell: _____
Parent Work Phone: _____ Parent Cell: _____
Participant E-mail: _____ Parent/Guardian E-mail: _____
Prior Related Experience (if applicable): _____

Type of Disability (if applicable): _____

Describe any reasonable accommodations you may need to attend, such as personal assistance, ASL interpretation, medical conditions, allergies, medications, etc. The information you provide will only be used to ensure you have a quality experience:

I am a: First-time participant (June 21 - July 2, 2010) Returning Participant (July 12 – 23, 2010)

The cost to participate in Shakespeare with Heart is \$150 (\$125 tuition + \$25 non-refundable registration fee). Completed forms should be mailed or faxed to UCP of Central Florida, along with credit card information or a check or money order made payable to UCP of Central Florida. No cash please.

Mailing Address: UCP of Central Florida
3305 S. Orange Avenue
Orlando, FL 32806

Fax: 407-852-3301
***Attention Ellie Hauser**

If paying by credit card, please provide the following information. American Express is not accepted.

Cardholder's Name: _____
Card type: Visa Mastercard Discover
Credit Card Number: _____ Expiration Date: _____ CVC #: _____
Signature (of cardholder): _____

"Shakespeare with Heart" is a partnership between UCF Shakespeare Festival, UCP of Central Florida and UCF Exceptional Education Department.