

The Summer Theater Institute

Registration Form

Confirmation of registration and additional information will be sent upon receipt of this registration form.

Name: _____ Age: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

School attended 2006-2007: _____ Grade (fall 2007): _____

Referred by: _____

Parent/Guardian: _____

Home phone: _____ Work phone: _____

Cell phone/pager: _____ E-mail: _____

Enclosed is (check one): Deposit (non-refundable) for \$250 Payment in full of \$995

Form of payment (check one): Check Mastercard Visa American Express

Account Number: _____ Expiration Date: _____

Signature of Parent/Guardian: _____ Date: _____

HawkenSchool

P.O. BOX 8002 GATES MILLS, OH 44040-8002