



THE SHAKESPEARE CENTRE LIBRARY

The Shakespeare Birthplace Trust, Shakespeare Centre, Henley Street,
Stratford-upon-Avon, CV37 6QW

Tel: 01789 201813 / 204016 e-mail: library@shakespeare.org.uk

APPLICATION FOR A READER'S TICKET

NAMR Mr/Mrs/Ms/Dr*

PERMANENT ADDRESS

Postcode:

Telephone:..... e-mail:.....

LOCAL ADDRESS (If resident here for more than 1 month)

I wish to apply for a reader's ticket enabling me to consult books, documents and other materials in the collections of the Shakespeare Centre Library.

My particular area of study is

- * A signed recommendation is completed overleaf.
- or:
- * A signed letter of recommendation from my academic institution accompanies this form.

I undertake to observe the regulations laid down by the Trustees

Signed.....

*Delete as appropriate

REFERENCE: Please complete in BLOCK LETTERS

I, (NAME).....

being a person of recognised position (state profession)

.....

recommend *from personal knowledge*

.....

as a fit and proper person to be admitted as a reader to the collections of the Shakespeare Centre Library.

Signed:

Address:

Postcode:

Telephone:

e-mail:

Date.....

FOR OFFICE USE (Please do not write below this line)

Ticket issued

Ticket renewed

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