Registration Form for Admission to: An Adventure In Acting Workshop

The Cave Dwellers - by William Saroyan

Name:_____
Last First Middle

Current Mailing Address:_____

_____

E-Mail:_____ Alt. E-Mail:_____

Phone:_____ _____ _____
Day Cell Other

Current Occupation:_____ Employer:_____

DRAMATIC TRAINING AND/OR EXPERIENCE (if any)

Dramatic training:_____

_____

Performances (play or musical):_____

_____

Singing Voice:_____
Type Training

Dance Ability:_____
Type Training

Musical Ability:_____
Type Training

Languages Spoken:_____

Please describe below your personal goals and objectives for participating in this workshop. (Use additional paper if needed.)

Submit completed registration form to, email: mhanthorn@earthlink.net, FAX 503-842-4654 or mail/drop off at 208 Main Ave. Tillamook, OR 97141 - For more information contact Mary at 503-842-5406 or 503-801-0759