



WORKSHOP REGISTRATION

Name: _____

Organization/Affiliation _____

Permanent Address _____

City _____ State _____

Zip _____ Phone _____

Fax _____

Email _____

indicate your workshop(s)	Workshop fee	Optional Room Board		Fill in total
Julie Lichtenberg BEYOND THE BARS... July 2 - 7	<input type="checkbox"/> \$350	\$185 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Julie Nelson THEATRICAL CLOWN July 9 - 14	<input type="checkbox"/> \$350	\$185 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Leeny Sack BREATH, VOICE & THE.... July 16- 21	<input type="checkbox"/> \$350	\$185 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Michelle Matlock SOLO PERFORMANCE July 23 – 28	<input type="checkbox"/> \$350	\$185 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Ruth Margraff CREATING STAGE TEXTS... July 30 - August 4	<input type="checkbox"/> \$350	\$185 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
SU B T O T A L				
<i>Less \$50 if registration is postmarked by May 21</i>				–
T O T A L				

PLEASE INCLUDE THE REQUIRED FEES:

A deposit of \$150 (non-refundable registration fee) is required upon receipt. Your registration will not be processed without this deposit, which counts towards the total due. The remainder is due upon arrival at the site.

PAYMENT BY CHECK OR MONEY ORDER ONLY, in U.S. Funds, made payable to: KO THEATER WORKS, INC.

MAIL TO: Ko Theater Works, 498 South Gulf Rd, Belchertown, MA 01007

For more information, call (413) 427-6147, email info@kofest.com, or visit www.kofest.com