



WORKSHOP REGISTRATION

Name: _____
 Organization/Affiliation _____
 Permanent Address _____
 City _____ State _____
 Zip _____ Phone(s) _____
 Fax _____
 Email _____

indicate your workshop(s)	Workshop fee	Optional Room Board		Fill in total
Temple Crocker/Barbara Lanciers THE ART OF COLLABORATION <u>July 7 - 12</u>	<input type="checkbox"/> \$350	\$200 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Katie Down FINDING THE THEATRICAL SOUNDSORE <u>July 14 - 19</u>	<input type="checkbox"/> \$350	\$200 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Ellen Beckerman PHYSICAL & EXPERIMENTAL APPROACHES TO CLASSICAL TEXTS <u>July 21- 26</u>	<input type="checkbox"/> \$350	\$200 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Deletta Gillespie CREATING CABARET <u>July 28 – August 2</u>	<input type="checkbox"/> \$350	\$200 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Robert Smythe FUNDAMENTALS OF PUPPET PERFORMANCE <u>August 4 - 9</u>	<input type="checkbox"/> \$350	\$200 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
SUBTOTAL				
<i>Less \$25 if registration is postmarked by April 15</i>				-
TOTAL				

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