

walking dog theater

Workshop Registration Form

Clown Workshop you are registering for:

A Nose of Her Own, January 30, 10 am - 5 pm & January 31, 2010, 1 pm - 5 pm

Friends Meeting House, 280 State Road, Great Barrington, MA

Name: _____

Address: _____

City & ZIP: _____

Best Telephone #: ____ / _____

Email address: _____

>Please enclose the \$45 registration fee to secure your place. Please note that the registration fee is not refundable!

I am enclosing (please choose one):

\$45 Non-refundable Registration Fee (\$105 balance due on January 30)

\$150 Total Workshop Fee

\$_____ Total Enclosed

Please make checks or money orders payable to *Walking the dog Theater*.

No cash, please.

Please note: Your registration fee is not refundable. If you pay your full workshop fee now and must cancel your participation, we will refund \$105 if you cancel by January 18, 2010. If you cancel your participation after January 18th, no part of the fee paid will be refunded.

Signature & Date

Please send to:

Walking the dog Theater 39 Oak Hill Road Ghent, NY 12075

We look forward to working and playing with you!