ESTAFest10/OW - Adjudication Workshop Registration
This form must be completed and returned by April 15, 2010 to ensure registration. Class size is limited.

Workshop Dates	Time	Submitted by: Individual Name
05/6-9/2010	5/6/10 – 6pm 5/7-9/10 - TBD	Submission Date: MM/DD/YEAR

THEATRE INFORMATION

Name _____

Affiliated Theatre (if Applicable): _____

Mailing Address _____

City _____ State _____ Zip _____

Telephones: **(O)** _____ **(C)** _____ **(H)** _____

(F) _____ E-Mail Address _____

Background: Please tell us a little about yourself. Theatrical history, reason for taking the workshop, etc.

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