

Please, attach your resume with a deposit of \$100 and mail to:

**Wisconsin Theater Game Center  
Carol Sills, Registrar  
2397 Old Lime Kiln Road  
Baileys Harbor, WI 54202**

**REGISTRATION FORM for Summer 2009**

**Check which dates you wish to attend:**

\_\_\_ WORKSHOP A: July 6-10 Story Theater \$500

\_\_\_ WORKSHOP B: July 13-17 Theater Game Intensive \$500

(\$950 for both workshops)

Yes, I would like to attend one or both of the above workshops. Enclosed are my resume and my deposit of \$100 for each workshop, payable to **Paul Sills Wisconsin Theater Game Center**, refundable if I am not accepted into the program. The balance is payable upon arrival.

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_