

**Since Mama Done Got off the Couch!
Seminar Registration Sheet**

Name: _____ Age: _____

Address: _____

Tel. Number: _____

Email Address: _____

Student: Yes _____ No _____ Which School: _____

Related Theatre Experience (or attach CV)

What type of theatre interests you: (i.e. solo pieces, dub theatre, spoken word, period pieces, use of language, history, Caribbean voice, American theatre):

What type of guidance are you looking for: (Character development, story, Structure etc...)

How did you hear about Black Theatre Workshop (BTW):

Have you participated in a BTW event before: Yes _____ No _____ If yes, which event: _____

Please send a sample of the work you wish to explore to submissions@blacktheatreworkshop.ca

Questions? Please contact Jessica at 514-932-1104 x225 or office@blacktheatreworkshop.ca

Notes: (For office use only)
