

Loose Moose Theatre - 22nd International Improvisation School

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REGISTRATION FORM

Name: First _____ Surname _____

Full Mailing Address:

Telephone: Day (____) _____ Evening (____) _____

Fax: (____) _____ E-mail: _____

Affiliation (theatre or organization): _____

Improvisation Course Warm-up Class Mask Course

Accommodation at S.A.I.T. Residence

Deposit enclosed Full Course Fee enclosed Invoice my organization (enclose details)

Please make cheques/drafts payable in Canadian funds to Loose Moose Theatre. Payment can also be made by Visa, or MasterCard. Please forward credit card information by mail, or contact us by phone - do not forward credit card information by e-mail or fax as we cannot guarantee security.

Please . . .

Let us know a little about yourself and your background, including your experience or involvement in improvisation. (If you prefer, include a separate sheet or your resume/curriculum vitae.)
