

# ***Loose Moose Theatre - 23rd International Improvisation School***

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## **REGISTRATION FORM**

Name: First \_\_\_\_\_ Surname \_\_\_\_\_

Full Mailing Address:

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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/bank drafts payable in Canadian funds to Loose Moose Theatre Company. 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.

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