

**2008 MICHIGAN WOMYN'S MUSIC FESTIVAL
GENERAL WORKSHOP REGISTRATION**

(One form per workshop; please print legibly)

OFFICE USE

Day: _____

Time: _____

Area: _____

Desc: _____ Grid: _____

Notes: _____

Presenter's Name(s): _____

Address: _____

City/State-Prov./ZIP-PC: _____

Day phone: (____) _____ Night phone: (____) _____

Email Address: _____

May we give your information to womyn that request it?

Address: Yes___ No___ Phone: Yes___ No___ Email: Yes___ No___

Have you done an Intensive or General Workshop in the past? Yes___ No___

If so, when? _____

WORKSHOP TITLE (1-3 words): _____

DESCRIPTION OF WORKSHOP (max 20 words for the Program): _____

PROGRAM CATEGORIES

Check the category that most closely represents the content of your workshop. Please do not mark more than one unless your workshop is also a continuation from an Intensive Workshop.

- | | |
|--|---|
| _____ Art & Culture | _____ Networking & Support Groups |
| _____ Community Organizing/Global Politics | _____ Other/Miscellaneous |
| _____ Dance/Movement/Activity/Sports | _____ Relationships/Family |
| _____ Health & Healing | _____ Sexuality |
| _____ Intensive Continuation/Repeat | _____ Spirituality and Intuitive Skills |
| _____ Music & Music Business | _____ Work/Business/Finance/Legal Info |

LOCATION/PARTICIPANT REQUIREMENTS:

Is this workshop especially for any particular group of womyn (Womyn of Color, womyn over 40, etc.)? Please specify: _____

_____ No Latecomers _____ Latecomers OK ▪ Will the workshop be _____ loud or _____ quiet

Will it involve movement? _____ yes or _____ no

Will you need an especially large area? _____ yes or _____ no

Is this workshop intended for children or teens? If yes, please specify the age group below.

This workshop will be for ages _____, at (choose location):

Teen Tent (13-17) _____ Girl's Camp (5 and up) _____

Boy's Camp (5-10) _____ Sprouts (0-4) _____

Is there anything else you would like us to consider when scheduling this workshop? _____

LENGTH/SCHEDULING:

Length of workshop: _____ 1 hour _____ 1½ hours _____ 2 hours
_____ other (please specify length): _____

Frequency: _____ once _____ twice _____ other (how many times?): _____

Times you PREFER to do the workshop: _____

Times you CANNOT do the workshop: _____

AUDIO VISUAL MATERIALS:

Will you need any audiovisual equipment? _____ yes _____ no

Title of film/video/slide presentation: _____

Produced by: _____

If produced by someone other than workshop presenter(s), please attach proof of permission from filmmaker to screen work.

Format: _____ DVD _____ VHS _____ Slides

What is the running time of the media piece? _____

At what point in the workshop would you want to show media (i.e.: last half-hour, beginning, after 15 minutes, end, doesn't matter, etc.)? _____

SPECIAL NEEDS:

Please specify special workshop needs or additional information: _____

Dates for this year's Festival: August 5-10, 2008

Return the Workshop Registration form by **June 6th** to:

WWTMC, PO Box 22, Walhalla, MI 49458
(231) 757-4766 ♦ www.michfest.com

Clear this form