2015 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: (____) _____Cell 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)**:** _____

_____

_____

_____

_____

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) _____

Other (office will choose area) _____

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:

☐ ***(please read and check) I understand that if I am bringing a Power Point presentation, I must bring my own laptop and also the adapter to connect my device to a standard 15 pin VGS insert***.

Will you need any audiovisual equipment? _____ yes _____ no

Title of film/video/PowerPoint presentation: _____

Produced by: _____

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

Format: _____ DVD _____ PowerPoint

(Please see instructions if you want to show a PowerPoint)

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 4-9, 2015

Return the Workshop Registration form by **June 5th** to:

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

Please note: *If you would like to confirm that we have received your registration, or confirm the day and time your workshop is scheduled, you can phone the Walhalla office in the first 2 weeks of June (231-757-4766).*