

# DRAMAWORKS 2009 REGISTRATION FORM

Registration and membership information is collected by Theatre Alberta for communication and programming purposes only. This information is considered confidential and is not released to third parties without consent.

**Incomplete registrations will not be accepted.**

Application Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

( ) \_\_\_\_\_

Cell Phone \_\_\_\_\_

( ) \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Preferred Method of Correspondence:**

Regular Mail  Email

**Please specify how Theatre Alberta can use your contact information:**

- You may release any of the above contact information with *no prior consent*.
- You may release my phone number(s) and email address(es) only with *no prior consent*.
- You may release my email address(es) only with *no prior consent*.
- You may release my contact information *only with prior consent*.
- You may not release my contact information at any time.

Please view Theatre Alberta's Privacy Policy online at:  
**[www.theatrealberta.com/PrivacyPolicy.htm](http://www.theatrealberta.com/PrivacyPolicy.htm)**

<i>For Office Use Only</i>	
Member ID _____	Expiration Date _____
<input type="radio"/> New <input type="radio"/> Renewal	<input type="radio"/> Complimentary <input type="radio"/> Group
Date Received _____	Date Entered _____

The following information is collected to help your instructor(s) plan your workshop(s). Please take the time to fill out this section in full. If you require more space please feel free to write on an additional piece of paper.

**Gender**  Male  Female

**Age**  18-29 years  30-39 years  40-49 years  
 50-59 years  60+ years

*Note: All participants must be 18 years of age or older.*

**Occupation** \_\_\_\_\_

How did you hear about Dramaworks?  
\_\_\_\_\_

Have you attended Dramaworks before?  Yes  No

Areas of involvement in the theatre (please check all applicable):

- Community / Amateur  Educator
- Emerging Professional  Student
- Professional  Enthusiast
- Union(s) (please specify) \_\_\_\_\_

Name of theatre or school affiliation(s), if applicable:  
\_\_\_\_\_

Please list any food restrictions. We will do our best to accommodate your needs.  
\_\_\_\_\_

Please outline, in point form, your relevant theatre experience for the workshop(s) registered in:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list, in point form, your primary goals for the workshop(s) you are registered in and indicate which level of experience (novice, intermediate, advanced, or professional) you will enter with.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED ON REVERSE** ↪

