



The Moving Dock Theatre Company, NFP
2970 N Sheridan Rd. #207, Chicago, IL 60657
773 327 1572 www.movingdock.org

WORKSHOP REGISTRATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

CONTACT PHONE _____

WORKSHOP YOU ARE REGISTERING FOR: _____

HAVE YOU STUDIED THE MICHAEL CHEKHOV ACTING TECHNIQUE BEFORE?
WHERE / WITH WHOM? _____

PLEASE TELL US ABOUT YOUR PREVIOUS THEATRE TRAINING AND PERFORMING. YOU
MAY ATTACH A SEPARATE SHEET OR A RESUME.

REGISTRATION

TO COMPLETE REGISTRATION FOR WORKSHOPS, PLEASE SUBMIT THIS FORM WITH \$35
NON-RETURNABLE DEPOSIT TO THE ADDRESS ABOVE OR ONLINE AT
www.movingdock.org/site/get-involved-2/

REMAINING FEE FOR THE CLASS IS DUE THE FIRST CLASS UNLESS YOU ARE MAKING A
PAYMENT PLAN AGREEMENT (SEE BELOW). YOU MAY PAY THE FEE ONLINE PRIOR TO
THE FIRST CLASS. PLEASE ADD A \$3.00 PROCESSING FEE IF PAYING ONLINE.

AMOUNT YOU ARE ENCLOSING / SUBMITTING _____

WORKSHOP REGISTRATION FORM

PAYMENT PLAN AGREEMENT

In registering for this class under a payment plan agreement, I promise to pay _____ by the first class, _____ by _____, and the remainder by _____.

NAME _____

SIGNED _____

DATE _____

THANK YOU!