Please provide us your information by either:

1. Printing out, filling out in handwriting and scanning the completed form.

Or

1. Typing in your information and saving the completed form to your computer.

Completed enrollment forms are to be emailed to [info@villageplaybacktheatre.org](mailto:info@villageplaybacktheatre.org)

**Personal Information**

1. Please Enter Contact Information for Registrant

First Name \*

Middle Name

Last Name \*

Email \*

Confirm Email \*

Phone (Daytime) \*

*123-456-7890*

Extension

Phone (Evening)

US Cell Phone

Country \*

Address 1 \*

Address 2

City \*

 State \*

  ZIP Code \*

How did you find out about Village Playback Theatre?

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What are your expectations of this training?

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Describe Playback, improvisation or Applied Theatre experience (if applicable):

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Describe any experiences you have related to the performing arts: Poetry, Dance, Music, Drama, etc.

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Please list any additional information you would like us to know:

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