

2015 WCUF Walk-In Registration

Name: _____ Email: _____

Address: _____ Phone: _____

Please list workshops by instructor's last name:

SATURDAY WORKSHOPS:

Session 1 FIRST CHOICE : _____

10:45 – 12:00 SECOND CHOICE: _____

Session 2 FIRST CHOICE : _____

1:00 – 2:15 SECOND CHOICE: _____

Session 3 FIRST CHOICE : _____

2:30 – 3:45 SECOND CHOICE: _____

Session 4 FIRST CHOICE : _____

4:00 – 5:15 SECOND CHOICE: _____

1 workshop \$30; 2 workshops \$60 ; 3 workshops \$90; 4 workshops \$120 \$ _____

SUNDAY WORKSHOPS:

Session 1 FIRST CHOICE : _____

10:45 – 12:00 SECOND CHOICE: _____

Session 2 FIRST CHOICE : _____

11:30 – 12:45 SECOND CHOICE: _____

Session 3 FIRST CHOICE : _____

1:00 – 2:15 SECOND CHOICE: _____

1 workshop \$30; 2 workshops \$60; 3 workshops \$90; 4 workshops \$120 \$ _____

Festival Admission (\$20/day or \$30 for both days): \$ _____

Total Due: \$ _____