



## TEATR PIEŚŃ KOZŁA

Purkyniego 1

50-155 Wrocław, Poland

tel./ fax. +48 71 342 71 10

e-mail: [workshops@piesnkozla.pl](mailto:workshops@piesnkozla.pl)

[www.piesnkozla.pl](http://www.piesnkozla.pl)

### Workshop application form

Please return this form to us by post, fax or, e-mail.

Name:	Phone:
Age:	Fax
Nationality:	
Address	e-mail
	If possible, we will contact you by email. Please indicate if this is not convenient:
Education	
Workshop experience	
Theatre experience	
Are you currently a member of a theatre group? If so, please briefly describe your group.	
Are you interested in 1 week workshops/1 month projects/longer co-operations? *	
Are you interested in Spring or Summer workshops?	
How did you find out about Piesn Kozla workshops?	

\* Please select as appropriate

Once we have received this form from you, we will contact you with details of upcoming workshops.