

## SECAA Workshop Proposal

Please print in all fields.

Workshop Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Contact Information:      Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Presenter's Group Affiliation (if any): \_\_\_\_\_

Workshop Attendees:       Specific Client Troupe(s): \_\_\_\_\_  
 SECAF Festival Attendees  
 None Specified / Unknown  
 Other (Please specify): \_\_\_\_\_

Workshop Target Size:       Small (10 or fewer)       Medium (11-30)       Large (31 or more)

Workshop Skill Level:       Beginner       Intermediate       Expert

Approx. Length:       30 Min.       1 Hour 30 Min.       Other (Please specify): \_\_\_\_\_  
 1 Hour       2 Hour

Brief Description of Workshop:

### **SECAA Approval – Official Use Only**

Approved       Denied (Documented explanation attached)

SECAA Rep. \_\_\_\_\_ Date: \_\_\_\_\_