

WORKSHOP APPLICATION



Legal Name: _____

Scene Name: _____

Address: _____

Phone: _____

Pronouns: _____

Email: _____

Workshop Name: _____

Workshop Description: _____

Target Audience: _____

Visual/Audio Equipment Needed: _____

Additional Things We Should Know: _____

PLEASE EMAIL THIS BACK TO OrlandoLeatherPride@gmail.com

YOU WILL THEN BE CONNECTED WITH OUR WORKSHOP COORDINATOR

WE LOOK FORWARD TO HAVING YOU AT OUR EVENT!