



**Title of class** \_\_\_\_\_

**Dates of class** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Day phone** \_\_\_\_\_ **Eve Phone** \_\_\_\_\_

**Questions that will help us to prepare.**

What would you like to get out of this class? Why do you want to tell stories?

Have you ever been to a SpeakeasyDC event? If so, which?

How did you hear about SpeakeasyDC

Do you need wheelchair accessibility or any other accommodation?

**Make check payable to WST-Speakeasy and send with this form to:**  
409 Windsor St, Silver Spring, MD 20910