

SESSION

LOCATION

MMG Workshop Proposal

(Please type or print clearly. This sheet will be posted at MMG)

Title

Leader

Description

Items participants should bring to workshop (if any)

Attendance limit (if any)

Facility Needs

Size of Space

Heating

Equipment/Furniture

Time Preference: No guarantees!

None ♦ Saturday 8:30 10:30 4:30

♦ Sunday 8:30

Your Name

Address:

Phones/ E-mail

Please return this form as soon as possible to **Wayne Williams 53 Boyden Street, Brockton, MA 02302 wtwilli1999usa@yahoo.com**