



Registration for “It Came From Kalamazoo”

PRINT THIS FORM and MAIL to KAFI

PLEASE PRINT CLEARLY!

First Name: _____ Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Age: _____ (Must be age 18 or older)

School: _____ Major: _____

Permission Statement: I hereby give Kalamazoo Animation Festival International and Kalamazoo Valley Community College permission to use my name, my work in “It Came From Kalamazoo,” and clips from the film for publicity purposes as well as for KAFI and KVCC publications.

Signature: _____ Date: _____

Send with payment of \$60 to:

**KAFI – KVCC
P.O. Box 4070
Kalamazoo, MI 49003**

Or

Pay by credit card by calling KVCC’s Pay Station at 269-488-4292.

You will receive a workshop confirmation after payment is received in the KAFI office.