



Wisdom House

Writers and Artists Retreat Application Form

229 Litchfield, Road

Litchfield, CT 06759

Office: 860-567-3163 Fax: 860-567-3166

www.wisdomhouse.org

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Phone (Evening) _____

Email _____

1) Type of work-in-progress (if this is a new work):

2) What dates would you like to come? Please give first and second choice:

3) List previously published, commissioned, or performance works:

4) Include your resume:

5) Give three references - name relationship, address, phone:

6) How did you hear about this program?:

Please mail this application to Wisdom House (address is above). You will receive a registration form if your application is accepted.