

Participant Name: Age: DOB: / /

Street Address: Gender: M F

City: ST: ZipCode:

Home Phone: Cell Phone:

Email: May we email you info about Threshold?: Y N

If Minor, Name of Responsible Parent/Guardian: Same Contact Info as Minor?: Y N

Parent/Guardian Contact Info if Different From Minor?: Home Phone: Cell Phone:

Participant Profession:

If Student, What School?: Grade/Year:

Classes/Workshops You're Interested in:

How Did You Hear About Threshold?:

What is Your Dance and/or Movement Experience?:

What Are Your Dance and/or Movement Goals?:

Creative movement for disabled children and adults is a fundamental element of Threshold's mission. If you have a disability or special needs, or if you have experience working with disabled persons, would you please tell us about it?

I acknowledge I have read and understand the policies of Threshold Dance Theater as stated on the Threshold Policies page, and I agree to the terms and conditions: