

For Office use Only	MDT REGISTRATION FORM 2018-2019 SEASON (Please print clearly)
PR #	

MDT respects your privacy and pledges to maintain the confidentiality of your personal information.

Sign-Up: Participant

First Name	Last Name		
Address		City	
Email Address	Phone Number	DOB (Mth/Day/Yr)	

Participant: Background

Current Occupation	Industry/Field	City (Work)
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Dance & Performance Experience / Participation / Contributions							
	YES	NO	SOME	# of YEARS	WOULD YOU LIKE TO:		
					TEACH	PERFORM	CHOREOGRAPH
BALLET					Y N	Y N	Y N
POINTE					Y N	Y N	Y N
JAZZ					Y N	Y N	Y N
MODERN					Y N	Y N	Y N
HIP HOP					Y N	Y N	Y N

TAP					Y	N	Y	N	Y	N
Other Dance Experience: (please list)										
					Y	N	Y	N	Y	N
					Y	N	Y	N	Y	N

OTHER TALENTS: (ie: Singing, Acting, Juggling, Musical Instrument, etc.)

Other Talents: (please list)	Years	WILLING TO PERFORM/SHOWCASE	
		YES	NO
		YES	NO

Participant: Availability

AVAILABILITY

(please circle)

Wednesdays from:	6-10pm	YES	NO	Not available between:
Sundays from:	12-5pm	YES	NO	Not available between:

Please list any possible scheduling conflicts that you foresee might interfere with any rehearsals and/or our annual show week aiming to take place April 28rd, 2019 (ie: Vacations, Work, etc.):

Based on your availability, please identify how many pieces you think you would be ready to commit to. Approx. 8 x 1 hr rehearsal slots for each piece. (Please circle)

2 to 4

4 to 6

6+

REGISTRATION FORM (Part 2)

Getting to know you: (optional)

MDT's goal is to have a talented and diverse member base. In an effort to make sure we provide this opportunity to as diverse of a group as possible, we would love to get to know each and every one of you a little more.

QUESTIONNAIRE:

- 1) How did you hear about us? Word of Mouth Facebook Dance Ontario Toronto Dance
Other: _____
- 2) How long has it been since you last danced? _____
- 3) How long has it been since you last performed? _____
- 4) If MDT was NOT able to accept you into the performance company this year, would you:
(Please circle YES or NO)
 - a) still be interested in trying our open classes? YES NO
 - b) audition again next year? YES NO
- 7) Do you have any production or technical experience/expertise? If so, please specify. _____

- 4) Are you married? YES NO
- 5) Do you have any children? YES NO
- 6) What other activities do you enjoy? _____
- 8) Do you have any INJURIES or MEDICAL CONDITIONS we should be aware of: (Please only specify if you are comfortable). _____

