For Office use Only

PR#

MDT REGISTRATION FORM 2023-2024 SEASON

(Please print clearly)

 $\label{eq:mdt} \mbox{MDT respects your privacy and pledges to maintain the confidentiality of your personal information.}$

Sign-Up	: Participa	nt									
First Name					Last Name						
Address					City						
Email Address					Phone Number				DOB (Mth/Day/Yr)		
Participa	ant: Backg	ground									
Current Occupation					Industry/Field				City (Work)		
Dance & Pe	erformance Ex	xperience /	Participatio	n / Contribu	ıtions						
		YES	NO	SOME	# of YEARS	TEACH			LD YOU LIKE TO: PERFORM CHOREOGRAP		
	BALLET					Υ	N	Υ	N	Y N	
	POINTE					Υ	N	Y	N	Y N	
	JAZZ					Υ	N	Υ	N	Y N	
	MODERN					Υ	N	Y	N	YN	
	НІР НОР					Υ	N .	Y	N	Y N	
	TAP		<i>(</i>)	. \		Υ	N	Y	N	Y N	
	Other Dance	e Experience	e: (piease iis	it)		Υ	ΙN	Υ	l N	Y N	
						Y	l N	<u>т</u> Ү	l N	Y N	
OTHER TAL	ENTS: (ie: Sin	ging, Acting	, Juggling, N	Ausical Instr	ument, etc.)						
	Other Talen	ts: (please li	st)		Years		WILLING TO PERFORM/SHOWCASE				
						YES			NO		
							YI	ES		NO	
Participa	ant: Availa	ability									
AVAILABILI	ITY			/place	e circle)						
	Wednesday	NO	Not available betweer								
	Sundays fro		6-10pm 12-5pm	YES YES	NO			le between:			
			_		it you forese	_			-	als	
					many pieces			u think you	would be	ready to	
		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.

1) How did you hear about us?	Word of Mouth Other:	Facebook	Dance Ontario	Toronto Dance
2) How long has it been since you				
3) How long has it been since you	last performed?			
4) If MDT was NOT able to accept ((Please circle YES or NO)	you into the performan	ice company th	is year, would you	ı:
•	d in trying our open clas	sses?	YES	NO
b) audition again ne			YES	NO
5) Do you have any production or	technical experience/ex	xpertise? If so,	please specify	
6) What other activities do you en	joy?			
 What other activities do you en Do you have any INJURIES or Mi are comfortable). 	EDICAL CONDITIONS we	e should be aw	are of: (Please on	
7) Do you have any INJURIES or Mi are comfortable)	EDICAL CONDITIONS we	e should be aw	are of: (Please on	
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