

Name		(PLEASE PRINT CLEARLY)		Birthday	
Adress				•	
Phone 1		Phone 2	e-mail		
If an emerg	gency should occur, pleas	e list a person with whom we m	ay communicate:		
Name		Phone	Relation		
Medical con	nditions we should be aware	e of:	•		
Please des	cribe briefly:				
Dance Trair	ning / Education				
Dance Perf	ormance Experience				
Aspirations	in Dance				
What you w	vish to achieve from this wo	rkshop			
PAYMENT:	1 week (5 days)	250,- Euro	please choose: 3.8	3 7.8. or 10.8	14.8.
	2 weeks (10 days)	400,- Euro			
Please cho	oose form of payment: Üb	erweisung (for students from Gerr	nany) 🔲 direct wire t	o account (international stude	ents)
		Pa	yPal 🔲	Western U	nion 🔲
		nent details will be given per em est of workshop (125,- € for 1 we			
	-	start of workshop on August 3,2			
WAIVER O	F LIABILITY:				
injury or pr	roperty lost. I will not hold	the host venue (Dock 11) and/o I Heidi Weiss , Jennifer Mann-Pa or injuries that occur during the	hlke, the host venue ([Dock 11) and/or their affiliate	
	this form, I also understa the workshop.	and that there are NO REFUNDS,	CREDITS, MAKE UP C	R EXTENSIONS for missed	l clas-
Print Full Na	ame:		Signature / Date		
If dancer is	s under 18 years of age, a	signature of a parent or legal gu	-	Print Full N	Name of
parent / legal guardian:			Signature / Date		