



Community Dance Workshops
Application Form

224 25th Street West, Saskatoon, SK, S7L 0C4, PH: 306-665-5998, Email: freeflowdanceassistant@hotmail.com

Thank you for taking the time to complete this Community Dance Workshop Application Form. Please return this application to freeflowdanceassistant@hotmail.com to book a workshop for 2014.

1. Organization: _____

2. Contact Person: _____ Phone Number: _____
Address: _____ Email: _____

3. Preferred Location (check one): On-site (see #4) Free Flow Dance Centre

4. Onsite facility description (i.e. flooring, room size, sound system, etc.):

5. Category of the Group:
 Senior Citizen Youth Physical or Mental Disability (See Question #1)

6. Please provide a description of the physical or mental challenges experienced by your group:

7. Number of participants: _____.

8. Preferred days (please circle all days that apply):
Monday Tuesday Wednesday Thursday Friday Saturday

9. Preferred time of day (please check all that apply):
 Morning (10 am to 11:45am) Midday (Noon to 3:45pm)
 Early Evening (4:00pm to 7:00pm) Other (please specify): _____

Disclaimer: It can be a challenge to facilitate groups with mid to severe mental disabilities. With this type of group, Free Flow Dance may require volunteer helpers from the organization who can assist in facilitating the workshop.

10. Other comments (please provide any relevant information or feedback):

Thank you!