



Community Dance Workshop Application Form

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

Thank you for taking the time to complete this Community Dance Workshop Application Form. Please return this application to ffdanceassistant@gmail.com to book a 9 session series of workshops. Contact us to confirm workshop dates.

1. Organization: _____

2. Contact Person: _____ Phone Number: _____

Address: _____ Email: _____

3. Category of the Group:

☐ Senior Citizen ☐ Youth ☐ Physical or Mental Disability (See Question #6) ☐ Other

(Describe in Comments Below)

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

5. Number of participants (Minimum 10 - Maximum 60): _____

6. Preferred days (please circle all days that apply):

Monday Tuesday Wednesday Thursday Friday Saturday

7. Preferred time of day (please check all that apply - note we will be arranging 9 workshops with you during a 9 week period):

☐ 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 mild 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.

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

Thank you!