For Office use Only	MDT REGISTRATION FORM 2019-2020 SEASON
PR #	(Please print clearly)

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)

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 19th, 2020 (ie: Vacations, Work, etc.):

_____

_____

Based on your availability, please identify how many pieces to which you think you would be ready to commit. 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***
5) **Do you have any production or technical experience/expertise? If so, please specify. _____**
   _____
6) **What other activities do you enjoy? _____**
7) **Do you have any INJURIES or MEDICAL CONDITIONS we should be aware of: (Please only specify if you are comfortable). _____**

REGISTRATION FORM (Part 3)

Please tell us why you would like to join MDT: