SCHOOL:

**Dance Workshop Booking Form**

ADDRESS:

CONTACT NAME:

PHONE:

EMAIL:

EMAIL ADDRESS FOR BILLING:

DATE(S):

*Please tick the following*

**LOCATION:**   AT DANCE FACTORY  AT SCHOOL

**PACKAGE SELECTION:**

* **UP TO 5 STUDENTS** – 1 HOUR

 **6 – 24 STUDENTS** – 1 HOUR

 **25 – 50 STUDENTS** – 1 HOUR

**24 OR LESS STUDENTS:** 1/2 DAY FULL DAY

**25 – 50 STUDENTS:**  1/2 DAY FULL DAY

TIME REQUIRED

**STYLE(S) OF DANCE:**

Jazz  Ballet  Contemporary  Lyrical

Hip Hop  Musical Theatre  Singing  Drama

Tap

Other (please list):

What standard are the students?