



## DANCEPASS APPLICATION

---

Full Name: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Is this your first DancePass? (YES) (NO)

Your professional titles include: (Please check all that apply and list name of organization.)

Educator \_\_\_\_\_

Dancer \_\_\_\_\_

Choreographer \_\_\_\_\_

Arts Administrator \_\_\_\_\_

Designer (please specify type) \_\_\_\_\_

Recent performances/projects: (Please include date.)

\_\_\_\_\_  
\_\_\_\_\_

Please use the space below to write any additional information about yourself as a dance professional in the greater Philadelphia region that may help us to assess your eligibility for a DancePass.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that as an applicant for the DANCEPASS PROGRAM, you will be added to our bi-weekly newsletter.