



Dance/USA Philadelphia

1427 Spruce Street, Suite 1F, Philadelphia, PA 19102

www.danceup.org

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.)

Dancer _____

Choreographer _____

Educator _____

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: As an applicant for the DANCEPASS PROGRAM, you will be added to our bi-weekly e-newsletter.

Office Use Only:
Date Received: _____
Amt Paid: _____
Pay Type: __ Cash/ __ Check/ __ Card
Approved? Y / N Pass Given? Y / N
Staff Initials: _____