Retina Springs 2008
Choreographic Laboratory application form

March 17th to 20th and 25th to 28th 2008

Please tick the box to indicate which aspect you are applying for:

Choreographer ☐ Dancer ☐

Name				
Address and postcode				
Telephone number	Landline:		Mobile:	
Email address				
Date of birth				
Name of school or place of training				

Please either type below or write your answers clearly to the following questions (not exceeding 150 words per answer). Use additional pages if necessary.
Please give a brief introduction about yourself, your training and dance experiences
Why would you like to participate in this Choreographic Laboratory?

Please return your application form by email to admin@retinadance.com or post to Retina Dance by February 15th 2008.

We would like to add your details to our mailing list to keep you up-to-date with Retina's activities.
*Cross here if you do **not** wish to be added.* ☐

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