



THOUGHT PROVOKING HISTORICALLY CONSCIOUS DANCE THEATER
ARTISTIC DIRECTOR: ANABELLA LENZU

WORKSHOP REGISTRATION FORM
JUNE 14 - 18 at CRS
(Center for Remembering and Sharing)

First Name _____

Last/Family Name _____

Address: _____

City/State Zip _____

Email _____

Website _____

Phone _____

Female Male

Have you ever attended a class by Anabella Lenzu before? Yes No

How Would You Like To Be Contacted? Email Phone Both None

Occupation: Dancer Student Other

How did you hear about the workshop? Direct Email Poster Friend Internet

Do you use these social sites? FaceBook MySpace Twitter None Other

*Participants shall hold Anabella Lenzu harmless from any loss, theft, cost, claim, injury or liability incurred during the workshop.

*I hereby give permission to Anabella Lenzu to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

OFFICIAL USE ONLY Database Entry: _____