

PHILLIP ADAMS BALLETLAB

Shaker Maker Booking Form

Please complete and return to Tim Walsh - admin@balletlab.com

Name of teacher/group leader			
Name of school/college/centre			
Address			
Telephone		Email	
Closest train station			

Type of workshop (please tick)

1.5hr workshop

3hr Workshop

Multi Visit Workshop (3 x 1.5hr)

Requested date and time of workshop/s

Date/s		Start Time/s	
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Details of participants

	Group One	Group Two (if applicable)
Number of participants		
Year group		
Age range		

<p>Previous dance experience</p>				
<p>What are your aims for the workshop?</p>				
<p>Please describe the provision for playing media at your school: (Please tick)</p>	<p>CD player</p>		<p>Wi-fi internet connection</p>	
	<p>Connection for iPod</p>		<p>TV and DVD player</p>	
	<p>Connection for laptop</p>		<p>Screen with PC</p>	
	<p>Interactive whiteboard</p>			
<p>Is the group interested in seeing a live performance from BalletLab?</p>				
<p>Please give us any other information about the group you feel is relevant: (i.e. special needs, mixed abilities, language diversity)</p>				
<p>Any other comments</p>				
<p>How did you find out about Shaker Maker workshops?</p>				