

What type of Lab are you applying for? (Ground Floor, Embodied Sexuality, Therapy in Motion, Art in Motion)

- First name:
- Last name:
- Email:
- Street Address
- City:
- State/Province:
- Postal Code:
- Country:
- Phone Number:
- Age:
- Gender:

What is your primary occupation?

Which Lab are you interested in attending? (Type, Month, Year)

I am: (a movement teacher, an aspiring movement teacher, a licensed psychology professional)

If a therapist, in what field?

What is your vision for teaching, and in what setting?

List the dance / movement modalities that you have studied, and approximate hours of study in each. Please include the number of hours in Open Floor classes and workshops and the Open Floor teachers' names.

What other movement training(s) or certification(s) have you completed or are currently attending?

Who do you consider your primary teacher(s)?

What else, if anything, do you want us to know about you?

Special needs on the dance floor?

Please send us a recent photo of yourself.