

Embodied Sexuality Lab application

First name

Last name

Email

Street address

Address line 2 (optional)

City

State/province

Zip code

Country

Phone number

Which lab (date) are you interested in attending?

List the dance/movement modalities that you have studied, and the approximate hours of study in each. Please include the number of hours in Open Floor classes and workshops, and the Open Floor teacher name(s).

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

Who do you consider your primary teacher(s)?

Perhaps you'd like to tell us why you are interested in this work. You can send us a poem/picture/quote/writing – anything that shares what draws you to this workshop.

Do you have any special needs on the dance floor?

Please submit a recent photo of yourself.

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