



# 2012 CPYB Teachers Workshop Registration Form

**Contact Information** (Please print clearly.)  Female  Male Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Home address: \_\_\_\_\_  
Street Address City State Zip

School/business address: \_\_\_\_\_  
Street Address City State Zip

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

School/business phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Professional Dance Experience**

Name of Company	Position	Years (from - to)

Please list any other pertinent information such as awards, etc.

**Current and Previous Teaching Experience**

Name of School	City, State	Age of students taught	Years (from - to)

Please list any other pertinent information such as awards, etc.

**Areas of Interest**

The CPYB Teachers Workshop focuses primarily on beginner and intermediate ballet technique. What, in addition, would you be interested in studying at this workshop? \_\_\_\_\_

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