



RESERVATION FORM

Please return this form or an email with this information. A confirmation email will be sent once your request has been processed. Please allow 72 hours for your request to be processed.

School Name: _____

School Address: _____

Contact Name: _____

Email: _____ Phone Number: _____

Booking Date(s):

Timetable Schedule (**please include style/workshop selection, number of children per workshop, classroom teacher name.**)

Instruction in French or English? _____

Is there a specific Guest Artist you'd like to request (if so, name)? _____

Specific Booking Notes (please be as detailed as possible): _____

Tel: 647-271-4854

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