



École de Biodanza® SRT
Montréal et Sud-Ouest du Québec



Registration Form

Name: _____ Surname: _____

Address: _____

Date of birth: _____ Phone: _____

Email: _____

I do Biodanza in weekly classes since (or otherwise, explain) _____

With the following teachers: _____

My actual teacher is _____

Workshops that add a great impact on me: _____

I attach to my registration form:

- A motivation letter
- A recommendation letter from my teacher
- A brief curriculum or life story
- A brief description of my physical and mental health, with descriptions of treatments and medication if any
- Remember to send 200\$ non-refundable deposit by INTERAC, to info.ecolebiodanzamtl@gmail.com, to guaranty your registration

Date: _____ Signature: _____

Send by email to: info.ecolebiodanzamtl@gmail.com

Thank you for your interest in this training process

Maira Martinez, your Director

Geneviève Sirois, your Coeur-Ordonnatrice, 514.995.0797