



PRIVATE AERIAL/DANCE INTEREST FORM

Name: _____ Date: _____

Phone: _____ Cell Phone: _____

E-Mail Address: _____

Please rank the following areas of focus in order of interest to you:
(1-Most 4-Least)

___ Master Current Repertoire ___ Learn New Techniques ___ Develop Choreography

___ Prepare for Performance/Competition

___ Other/Please describe:

Current Level of Skill:

___ Beginner ___ Intermediate ___ Advanced ___ Professional

Please indicate if you prefer a specific instructor: _____

Scheduling:

Frequency of sessions: ___ Single or ___ Series (___ x/week)

Are you available weekday: ___ Morning ___ Afternoon ___ Evenings

Preferences:

Would you prefer to train on a weekend? If so, when?

Contact budance@bu.edu if you have any special concerns or if you do not receive confirmation within three business days.