

**Simonson Technique Teacher Training
Certification Course
Presented by Lynn Simonson**

Application Form

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail (all caps) _____

What is your primary language? _____

What secondary languages do you speak? List the most fluent first.

What is your background/training in dance?

What is your present training?

Have you ever studied the Simonson Technique? If yes, with whom and where?

Do you have any teaching experience? (not necessary to attend the course)

Why do you want to take the Simonson Technique Teaching Training Certification Course?

How did you hear about Dance New Amsterdam and the Simonson Technique Teaching Training Certification Course?

This application form should be returned to Florence Baratay via mail or email.

Mailing address:
Florence Baratay
School Director
Dance New Amsterdam
280 Broadway, 2nd floor
NYC, NY 10007

Email address:
fbaratay@dnadance.org

Please note:

- All the questions must be answered for application to be considered
- if you need more space to answer these questions, please add a page to your application