

Additional *Dancing Through Barriers®* Information Request Form:

Name: _____ Title: _____

Affiliation: _____

Address: _____ State _____ City _____ Zip Code _____

Phone#: (work) _____ (cell) _____ (home) _____

Email: (work) _____ (personal) _____

The best days and times to reach me by phone are: _____

I am interested in:

___ bringing a residency to my school community

___ attending a Dance Theatre of Harlem Ensemble performance

___ having the Dance Theatre of Harlem Ensemble perform at my event

___ Other

In the space below, please describe *in detail* what you are interested in, including specific dates if known:

How did you hear about, or become familiar with DTH's *Dancing Through Barriers®* programs?
