

HHHMD Workshop Request Form

If you would like a Hip Hop Heals Most DEAFinitely Workshop at your Deaf school, organization, workplace or event then please complete the following form in its entirety.

Your Name: _____

Organization's Name: _____

What type of Organization/Event is it? Please describe:

E-mail address: _____

Phone/VP #: _____

Date preferred for Workshop:

1st date choice: _____

2nd date choice: _____

Would you like a Full Day or Half Day workshop? _____

Time of arrival preferred? _____

Time of departure preferred? _____

What type of facility will the Workshop take place in? Please describe the area where the dance instruction will take place:
