

Dear Parent/Carer,

I'm delighted that your son/daughter has shown an interest in our exciting holiday workshop, CHOREO:LAB. The workshop will introduce and develop your child's understanding and appreciation of contemporary dance as well as the process of choreography and will be taking place on Wednesday 19th February 2020.

The workshop will begin by introducing your son/daughter to contemporary dance through fun games and exercises. He/she will then learn a set piece, inspired by a well-known contemporary dance, (such as Christopher Bruce's 'Ghost Dances), before exploring different techniques used to choreograph their own piece, either individually or in groups, (their choice!) There will be an informal sharing of work at the end of the day.

CHOREO:LAB is for children aged 11+ and will take place at Holy Trinity Church, 1 Vicarage Road, Twickenham, Middlesex. TW2 5TS on **Wednesday 19th February**, (half term), from **10am until 3pm** and the cost for this workshop is **£25**.

Whether your son/daughter is new to the arts or has lots of experience, please sign them up for an enjoyable and rewarding time with Boundless Dance. They will need to wear comfortable attire and be in bare feet. They will also require a packed lunch, healthy snack and bottle of water, (no nuts or glass bottles please).

If you have any further questions, please do not hesitate to contact me on 07584 669012 or email me at kimberley@boundlessdance.co.uk.

I very much look forward to meeting and working with your dance-loving son/daughter at our exciting choreography workshop, CHOREO:LAB.

Kind regards,

Kimberley Snelling,

Director of Boundless Dance



CHOREO:LAB Registration Form – Feb 2020 – Holy Trinity Church, Twickenham

I would like my son/daughter to attend the one day CHOREO:LAB workshop, delivered by Boundless Dance, on **Wednesday 19th February**, (half term), **10am-3pm**.

I enclose payment of £25 (please tick method of payment)

() cash

() cheque (made payable to K J Snelling)	
() Bank transfer (details available on request)	
Name of child	
Age of child	
Emergency contact name	
Emergency contact number	
Email address	
Medical needs	
My child has permission to make their own way home: Y/N	
OR	
My child will be collected by:	
I give permission for photographs and videos of my child to be used by Boundless	
for publicity purposes	
YES / NO	
I give permission for mine and my child's details to be kept on file by Boundless; this includes	
for emergency contact purposes	
YES / NO	
Please return your completed form to	

* (HE(K OUT OUR OTHER BOUNDLESS (LASSES ... DRAMA, RHYTHMS and THEATRE.

kimberley@boundlessdance.co.uk