

NATIONAL REGISTRATION FORM

Please print 2 copies (one for your records and one to send), fill out all information, include this form
Deposits are Non-refundable / Workshop admittance based on first-come-first-served.

WITH DOWN PAYMENT BY JUNE 10, 2016 – CHECK MADE PAYABLE TO DANCEWERKS – SEND TO:

**Balance of Full
Payment Due:
July 10, 2016**

**DANCEWERKS
616 South Street
Barrington, Illinois 60010
847.382.1699**

**CLASS SIZES ARE
LIMITED**

Please print out form and fill out completely:

(DOWN PAYMENT)



- | | | |
|--|-----------------|-----------------|
| <input type="checkbox"/> <u>7-DAY DANCEWERKS EXPERIENCE:</u> includes 4-Day Main Camp, Chicago Day of Dance (must be 13 and up) , Intensive 2-day study | \$550 | (\$300) |
| <input type="checkbox"/> 4-DAY MAIN CAMP: | \$425 | (\$250) |
| <input type="checkbox"/> Chicago Day of Dance (must be enrolled in Main Camp / ages 13 and up) | \$100 | (\$ 60) |
| <input type="checkbox"/> Intensive 2-day Study – The ART of Ballet | \$125 | (\$ 80) |
| TOTAL AMOUNT OF ENCLOSED CHECK: | # _____ | \$ _____ |
| REMAINING BALANCE to be paid by July 10th | \$ _____ | |

STUDENT NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ STUDIO NAME _____

EMAIL ADDRESS (**print neatly**) _____

DANCEWERKS COMPLIMENTARY CAMP SHIRT (Main Camp only) SIZE (circle one)

CS CM CL AS AM AL AXL

(SHIRTS ARE NOT EXCHANGEABLE!)

MEDICAL/MODEL RELEASE FORM

I/We hereby agree to hold harmless the producers of DancewerksLLC, Barrington Artz Center, Barrington High School, The Garlands, the photographer and videographer or any person acting under the permission of the videographer from any and all claims of injuries sustained while participating in any class or activity associated with this workshop. I give permission for my child to be photographed and/or videotaped. These photographs or videos can be used for promotional products, without further compensation.

PARENT/GUARDIAN SIGNATURE