

**Carolina Dance Foundation
Guest Artist Intensive
August 7-11, 2017 Registration**

*****CDF dancers please complete the Company Guest Artist Registration Form.*****

1 PARENT/GUARDIAN _____ **EMAIL** _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

2 PARENT/GUARDIAN _____ **EMAIL** _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

STREET ADDRESS _____ CITY/STATE _____ ZIP _____

EMERGENCY CONTACT (*other than parent*) _____ Phone _____

STUDENT'S FIRST NAME _____ **LAST NAME** _____

Birth Date _____ Current Age _____ Gender _____ School _____

Medical concerns/special needs (*if any*) _____

Previous Dance Experience _____

Weekly Rate: \$500

Daily Rate: \$125

Class Rate:

1.5 hr class	\$38
1.25 hr class	\$33
1.0 hr class	\$28
.75 hr class	\$23

PLEASE INDICATE ---

Days Registered: _____

Classes Registered (*if applicable*): _____

TOTAL PAID: _____

Check # or Cash: _____

Cash or Checks ONLY! Please make checks payable to: Carolina Dance Foundation.

___ (*Please initial*) I acknowledge that I have read and agree to the policies of the Carolina Dance Center as outlined on the Enrollment Policies page (located in the Summer Schedule Booklet).

Parent/Student (if over 18) Signature _____ **Date** _____

For questions regarding CDF Guest Artist Intensive – please email: education@carolinadancefoundation.org.

*****This is a required conference for ALL CDF dancers. If your child is unable to attend, please submit a written excuse for approval to be dismissed to: education@carolinadancefoundation.org.*****