

**Carolina Dance Foundation
Master Classes Registration Form**

CDF dancers please complete the Company Master Classes Registration Form.

PARENT/GUARDIAN _____ **EMAIL** _____

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

PARENT/GUARDIAN _____ **EMAIL** _____

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

Street Address _____ City, State _____ Zip Code _____

EMERGENCY CONTACT _____ **PHONE** _____

STUDENT: FIRST NAME _____ **LAST NAME** _____

Birth Date _____ Current Age _____ Gender _____ School _____

Medical concerns/special needs (if any) _____

Previous Dance Experience _____

Class Rates:

Intermediate \$25

Intermediate / Advanced \$35

Advanced \$35

Please Indicate --

Days Registered _____

Classes Registered _____

TOTAL PAID: _____

Check # _____ *Please make checks payable to: Carolina Dance Foundation.*

Credit card payments can be made @carolinadancefoundation.org. Please note there is a convenience fee for all credit card transactions.

____ (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 Fall Schedule Booklet).

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

For questions regarding CDF Master Classes 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.