

Carolina Dance Foundation

2018 Guest Artist Intensive August 6-10, 2018

*****CDF dancers please complete the Company Registration Form*****

Dancer First Name _____ **Last Name** _____

Birth Date _____ Current Age _____ Gender _____ School _____

Medical Concerns/Special Needs (if any) _____

Parent/Guardian _____ **Email** _____

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

Street Address _____ City, State _____ Zip Code _____

Emergency Contact _____ **Phone#** _____

Weekly Rate: \$525

Daily Rate: \$130

Class Rate:

.75 hr class \$23

1 hr class \$28

1.25 hr class \$33

1.50 hr class \$38

Please Indicate:

Days Registered _____

Classes Registered _____

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

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

____ (Please Initial) I acknowledge that I have read the policies of Carolina Dance Center as outlined in the Enrollment Policies.

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