

**Carolina Dance Foundation
Guest Artist Intensive
August 8-12, 2016 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: \$475

Daily Rate: \$115

Class Rate:

1.5 hr class \$35

1.25 hr class \$30

1.0 hr class \$25

.75 hr class \$20

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.

Please MAIL or DROP OFF complete forms and PAYMENT:

Carolina Dance Center
9101-169 Leesville Road
Raleigh, NC 27613