



**2017 Summer Dance Intensive
REGISTRATION FORM**

PERSONAL INFORMATION

Name:		
Date of Birth:	Age:	_____ Male _____ Female
Current Address:		
City:	State:	Zip Code:

PARENT/ GUARDIAN INFORMATION

Name:		
Current Address:		
Phone:	E-mail:	Fax:
City:	State:	Zip Code:
Workplace Address:		
Work Phone:	Work E-mail:	Fax:
Relationship to Enrollee:		
Emergency Contact:	Phone:	
Emergency Contact's Relationship to Enrollee:		

DANCER PROFILE

Years of Training:					
Styles of dance previously worked in?	Modern	African	Jazz	Ballet	(Please circle all that apply)
Other: _____					
Current Principal Training:					
Attended past intensives?	If so, where?		What year(s)?		
Yes No (Please circle)					

Why do you wish to attend the Iibada Dance Company Summer Dance intensive?

PAYMENT

Full Session: By Day: *If by day, # of days: _____ Which Days: _____

Payment Type: Cash: Check: Credit Card:

If paying by credit card:

Name on Card: _____

Card #: _____ Expiration Date: _____ CVC: _____

Awarded Scholarship Amount: \$ _____

Tuition Total: \$ _____