



REGISTRATION FORM

JUNE 16 – 26, 2010 • TAMPA, FL

HOSTED BY THE UNIVERSITY OF SOUTH FLORIDA SCHOOL OF THEATER AND DANCE

Please print this pdf form , fill it out legibly with pen and fax it to 305-547-1118 or mail it to the address at the bottom of the page
Checks are not accepted for faxed registration forms, credit cards only. You will not be considered registered until payment has been received

APPLICANT INFORMATION (*minimum age 12*): Registration forms are processed in the order received. Students are encouraged to register early as class sizes are limited. Once the program fills up, students will be placed on a waiting list. A separate, signed form is required for each individual registering.

NAME				AGE		GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male
ADDRESS								
CITY				STATE		POSTAL / ZIP CODE		
DAY PHONE				EVENING PHONE			MOBILE PHONE	
E-MAIL				HAVE YOU ATTENDED THE FESTIVAL BEFORE?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NOT, HOW DID YOU HEAR ABOUT THE FESTIVAL? (please check only one)		<input type="checkbox"/> RECEIVED BROCHURE IN THE MAIL <input type="checkbox"/> SAW A FRIEND'S BROCHURE <input type="checkbox"/> DANCE TEACHER SCHOOL REFERRAL <input type="checkbox"/> AD IN DANCE MAGAZINE <input type="checkbox"/> FACEBOOK OR EMAIL <input type="checkbox"/> OTHER _____						

SELECT YOUR CLASSES: Please indicate the priority of your classes by numbering your choices 1, 2, 3, etc. for 4 (four) time periods only (1 being your first choice), designing your own lunch schedule. We will make every effort to place you in your first choice classes. No one may sign up for five periods.

All persons signing up for repertory classes must enroll in a technique class in that discipline.

9:00 am – 10:30 am	10:45 am – 12:15 pm	12:45 pm – 2:15 pm	2:30 pm – 4:00 pm	4:15 pm – 5:45 pm
— Contact Improvisation (Young)	— Ballet (Austin)	— Afro-Brazilian Dance (Soledade)	— Teachers Toolkit (Shaw)	— Making Dances (Shaw)
— Modern 3 (O'Neal) <i>must have at least 1-2 years of consistent training in modern dance</i>	— Modern Repertory (Rogers / Reigel)	— Modern Repertory (Thomas/Young)	— Hip Hop (Archibald)	— Int Jazz (Saxon)
— GYROKINESIS® (Austin)	— Skinner Releasing Technique 10:45 – 12:30 (Hennessey)	— Adv Jazz (Saxon)	— Afro Modern Fusion (Wilmott)	— Pilates for "Every"body (Wilmott)
— Modern 5 (Rogers / Riegel) (minimum age 18) <i>must have at least 4 years of consistent training in modern dance</i>	— Modern 4 (Thomas) (minimum age 16) <i>must have at least 2-3 years of consistent training in modern dance</i>	— Modern Repertory (O'Neal)	— Jazz Repertory <i>Must take Jazz Technique</i> (Saxon)	— Hip Hop Repertory (Archibald) <i>Must take hip hop class</i>
				— Afro-Brazilian Repertory (Soledade)

CALCULATE YOUR FEES

FULL TIME TUITION <i>(includes performance tickets)</i>	REGULAR RATE	FDA MEMBER RATE	FEES
Four classes per day	\$510	\$460	
PART TIME TUITION <i>(Does not include performance tickets)</i>			
Three classes per day	\$405	\$375	
Two classes per day	\$340	\$300	
One class per day	\$190	\$160	
ROOM & BOARD <i>(12 nights; check in June 15 – check out June 27)</i>			
Single		\$700	
ROOM ONLY <i>(12 nights; check in June 15 – check out June 27)</i>			
Single		\$375	
Set of Linens		\$12	
SUBTOTAL			
Plus Nonrefundable Registration Fee			\$30.00
Plus FDA individual membership (\$25 student rate, <i>valid student I.D. required and sent with payment</i> ; \$40 non-student rate)			
TOTAL FEES			
Amount Enclosed <i>(minimum 50% of Total Fees)</i>			
BALANCE DUE BY JUNE 1, 2010 <i>(please double-check your calculations)</i>			

ROOMMATES: If you selected a double, please tell us your roommate name _____

Please match me with a roommate

METHOD OF PAYMENT *(please check only one)*

Check or Money Order payable to Florida Dance Association Mastercard Visa American Express

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD			
CARD NUMBER		EXPIRATION	____ / ____ (Month / Year)
CARDHOLDER SIGNATURE			

LIABILITY AGREEMENT *(please read carefully)*

All Festival participants, including Observers, **must** complete and sign this form. If participant is under age 18, a parent or guardian must also sign. **Registrations will not be processed if this form is not properly signed.**

I, the undersigned, recognize and understand the risks of physical injury inherent in dance and dance training and I fully assume those risks. I agree that I will not hold Florida Dance Association, University of South Florida, or any faculty member or employee of either, liable for injuries sustained or illnesses contracted by me while in attendance and/or participating in the Florida Dance Festival. I agree to indemnify and hold harmless Florida Dance Association, University of South Florida and all faculty members and employees of both entities for all liabilities, costs and judgments arising from acts or omissions committed by me which result in injury or damage to any person or property.

I understand and agree that it is my sole responsibility to safeguard my personal property while in attendance and/or participating in the Florida Dance Festival. I agree that I will not hold Florida Dance Association, University of South Florida or any faculty member or employee of either responsible for the loss or damage of my personal property while in attendance and/or participating in the Florida Dance Festival. I also agree to abide by any rules, regulations and policies set forth by Florida Dance Association and/or University of South Florida.

In case of physical injury or medical emergency, I hereby authorize Florida Dance Festival staff to make necessary arrangements to transport me/my child to a medical treatment facility as necessary. In extreme emergency, or if I am under 18 years of age, I understand that Florida Dance Festival staff will make every attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

I acknowledge that I have read and understand the cancellation and refund policy and I agree that I am entitled to a refund only under the conditions specified.

PARTICIPANT SIGNATURE		DATE	
PARENT / GUARDIAN SIGNATURE <i>(if participant is under 18)</i>		DATE	
PARENT / GUARDIAN NAME			
PERSON TO CONTACT IN CASE OF EMERGENCY		RELATION TO PARTICIPANT	
EMERGENCY PHONE NUMBERS	DAY (____) _____ EVENING (____) _____ CELL (____) _____		
PLEASE DESCRIBE ANY MEDICAL OR PHYSICAL CONDITIONS, INJURIES, ALLERGIES, ETC.			

E-mail with credit card information to billd@floridadanceassociation.org or

Fax with credit card information to 305-547-1118 or

Mail completed form with payment to: Florida Dance Association, 111 SW 5th Avenue, Suite 202, Miami, FL 33130-1381.