



REGIONAL FORM

REGIONAL WORKSHOP REGISTRATION FORM

Please print 2 copies (one for your records and one to send), fill out all information, include:

**FULL PAYMENT- CHECK MADE PAYABLE TO *Dancewerks* -
MAIL TO: Dancewerks / 616 South Street / Barrington, IL. / 60010
847-382-1699**

SCHOLARSHIP RECIPIENTS MUST INCLUDE PHOTOCOPY OF CERTIFICATE

Please print out form and fill out completely: ↓

LOCATION OF WORKSHOP CITY: _____

STUDENT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ STUDIO NAME _____

PARENT CELL: (daytime): _____

EMAIL ADDRESS (workshop information and updates will be sent via email/ please print legibly):

DANCERS AGE: _____ DANCERS BIRTHDATE: _____

Are you a Scholarship Recipient: yes no

TOTAL AMOUNT OF CHECK: \$ _____

TUITION information for each city is available at Dancewerks.com OR through each individual host studio, and/or available on the flyers distributed for each individual workshop. IF you are a Scholarship Recipient please enclose:
*Copy of your Scholarship / registration fee is stated on Scholarship Certificate *Check made payable to: Dancewerks.

MEDICAL/MODEL RELEASE FORM

I/We hereby agree to hold harmless the producers of Dancewerks LLC, host studios, Barrington Artz Center, Barrington High School, the photographer and videographer or any person acting under the permission of the videographer from any and all claims of injuries sustained while participating in any class or activity associated with this workshop. I give permission for my child to be photographed and/or videotaped. These photographs or videos can be used for promotional products, without further compensation.

PARENT/GUARDIAN SIGNATURE