

**Dancewerks LLC**  
**NATIONAL REGISTRATION FORM**

Please print 2 copies (one for your records and one to send), fill out all information, include this form  
**Deposits are Non-refundable** / Workshop admittance based on first-come-first-served.

WITH DOWN PAYMENT BY JUNE 20, 2023 – CHECK MADE PAYABLE TO DANCEWERKS – SEND TO:

**Balance of Full  
Payment Due:  
July 10, 2023**

**DANCEWERKS**  
616 South Street  
Barrington, Illinois 60010  
847.567-8901 (cell)

**CLASS SIZES ARE  
LIMITED**

Please print out form and fill out completely:

(DOWN PAYMENT)



- |   |              |         |
|---|--------------|---------|
| <input type="checkbox"/> <b>6 - DAY DANCEWERKS EXPERIENCE</b> - includes: 4-Day Main Camp, Chicago Day of Dance (must be 13 and up) Ballet Intensive                    | <b>\$575</b> | (\$300) |
| <input type="checkbox"/> <b>4-DAY MAIN CAMP</b> (ages 9 and up)   | <b>\$475</b> | (\$275) |
| <input type="checkbox"/> <b>Chicago Day of Dance</b> (must be enrolled in Main Camp / ages 13 and up)   | <b>\$100</b> | (\$ 60) |
| <input type="checkbox"/> <b>Ballet Intensive – The ART of Ballet</b>  | <b>\$100</b> | (\$ 80) |
| <input type="checkbox"/> <b>Digital Media Package</b> – Digital / Flash drive of Finale Performance & Highlights<br>(discounted rate: \$35.00 - AFTER July 10: \$55.00) | <b>\$35</b>  |         |

TOTAL AMOUNT OF ENCLOSED CHECK & CHECK NUMBER

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

REMAINING BALANCE to be paid by July 10

(Balance owed) \$ \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ STUDIO NAME \_\_\_\_\_

EMAIL ADDRESS (**print clearly**) \_\_\_\_\_

DANCEWERKS COMPLIMENTARY CAMP SHIRT (**Main Camp only**) SIZE (circle one)

MALE   FEMALE   CS   CM   CL   AS   AM   AL   AXL

(SHIRTS ARE NOT EXCHANGEABLE!)

**MEDICAL/MODEL RELEASE FORM**

I/We hereby agree to hold harmless DancewerksLLC, Barrington High School, Denise Sabala Dance Studios, The Garlands, the photographer, videographer or any person acting under the permission of DancewerksLLC and 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.

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PARENT/GUARDIAN SIGNATURE