



RIVER NORTH
DANCE
CHICAGO

3 DAY RIVNODANCE WORKSHOP 2012 REGISTRATION FORM

Name _____ Date of birth _____

Parent or Guardian Name (if under 18) _____

Address _____ City _____

State _____ Zip _____ Email* _____

**Enrollment Confirmation/Schedule will be sent via e-mail to address provided above*

Primary Phone # _____ Emergency Phone # _____

Please indicate how you heard about our workshops: _____

RIVNODANCE WORKSHOP, July 28-July 30, 2012:

_____ I will attend all three days of the RivNoDance Workshop for **\$290**

_____ I will attend two days of the RivNoDance Workshop for **\$200**

_____ I will attend one day only of the RivNoDance Workshop for **\$110**

(please indicate which day you plan to attend) Saturday, July 28 Sunday, July 29 Monday, July 30

TOTAL: \$ _____

PAYMENT INFORMATION:

_____ Check enclosed (please make checks payable to River North Chicago)

_____ Credit Card (Please circle): MasterCard Visa American Express

Account #: _____ exp. date: _____

Name as it appears on card: _____ Signature: _____

Please indicate billing address if different from above: _____

RivNoDance Workshop Cancellation Policy*:

90% refund if cancelled on or before July 1
50% refund if cancelled between July 2 & July 15
Sorry, no refunds after July 16

*Please note: if you sign up for all three days of the RivNoDance Workshop and need to cancel one day, you will be charged the appropriate price (i.e., \$100) for the day you still attend. Your refund will be calculated based on the cancellation policy stated above.

Please mail form and payment to

ATTN: Summer Workshops
1016 N. Dearborn Parkway
Chicago, IL 60610

Or fax credit card orders to 312.944.2581

Please sign:

I hereby release, indemnify, and hold harmless River North Chicago Dance Company for any claim of damage arising out of personal injury, including but not limited to aggravation of a prior existing injury which (I/my child) may suffer during (my/his/her) participation in River North Dance Chicago's **RivNoDance Workshop, July 28-July 30, 2012**, regardless of its cause. I also give permission for (myself/my child) to be photographed and/or filmed during the RivNoDance Workshop. I understand that (my/my child's) image and/or name may be published, printed and/or used for River North Dance Chicago promotional purposes and I have no objections to such usage.

Signature _____
(Signature of parent or guardian if under 18)

Please call 312.944.2888 or e-mail
sbibik@rivernorthchicago.com with any questions.