



5 DAY SUMMER 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: _____

SUMMER WORKSHOP, AUGUST 1-5, 2012:

_____ I would like the Summer Workshop package for **\$460** (all 5 days of classes, plus 1 ticket to the company performance on August 3 at 5pm)

_____ I cannot attend the full workshop; I will attend on the following days:

Please circle:

4 days of classes	\$380
3 days of classes	\$305
2 days of classes	\$210
1 day of classes	\$115

Circle days:

Wed	Thurs	Fri	Sat	Sun
Wed	Thurs	Fri	Sat	Sun
Wed	Thurs	Fri	Sat	Sun
Wed	Thurs	Fri	Sat	Sun

_____ I would also like to order tickets (# _____) to the company performance for \$20 each (August 3 at 5pm)

TOTAL: \$ _____

PAYMENT INFORMATION:

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

_____ Credit Card-circle one: MasterCard Visa American Express

Account #: _____ exp. date: _____

Name as it appears on card: _____ Signature: _____

Please indicate billing address if different from above: _____

Summer Workshop Cancellation Policy*:

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

*Please note: if you sign up for multiple days of the Summer Workshop and need to cancel, you will be charged the appropriate price (i.e., \$110 for one day, \$200 for two days, etc.) for the day(s) you still attend. Your refund will be calculated based on the cancellation policy stated above.

Summer Intensive: No refunds

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 Dance Chicago 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 **5 Day Summer Workshop, August 1-5, 2012 and/or 10 Day College/Pro Summer Intensive, August 1-11, 2012**, regardless of its cause. I also give permission for (myself/my child) to be photographed and/or filmed during the Summer Workshop/Summer Intensive. 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.