



FORM

Name _____ Date of Birth _____

Parent or Guardian Name (if participant is 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 discovered our workshops: _____

PLEASE CHOOSE YOUR WORKSHOP PACKAGE:

February, March, and April Package \$280
(all three workshops @ the discount price of \$93.33 each)

February 21st, March 21st, and April 25th

Two Workshop Package \$200
(two workshops @ the discount price of \$100 each)
Please indicate which workshops you will attend:

February 21st March 21st April 25th

One Workshop \$110
Please indicate which workshop you will attend:

February 21st March 21st April 25th

TOTAL: \$ _____

PAYMENT INFORMATION:

_____ Check enclosed (please make checks payable to River North Chicago; there will be a \$30 fee for a returned check)

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

Card # _____ exp. date: _____

Name as it appears on card: _____ Signature: _____

Please indicate billing address if different from above: _____

One-day Workshops cancellation policy*:

90% refund if cancelled more than 3 weeks before workshop.
50% refund if less than 3 but more than 1 week before workshop.
Sorry, no refunds if cancelled less than 1 week before workshop.

***Please note:** if you sign up for a two- or three-day workshop package and need to cancel, you will be charged the appropriate price (i.e., \$110 for one workshop, \$100 per workshop for two) for the workshop(s) you still attend. Your refund will be calculated based on the cancellation policy stated above.

Please mail form and payment to:

River North Chicago Dance Company
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 Chicago Dance Company's **One-Day Workshops, February 21, 2010, March 21, 2010, and/or April 25, 2010**, regardless of its cause. I also give permission for (myself/my child) to be photographed and/or filmed during the One-Day Workshop(s). I understand that (my/my child's) image and/or name may be published, printed and/or used for River North Chicago Dance Company promotional purposes and I have no objections to such usage.

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