

DRAMATIC TRUTH CAMP REGISTRATION FORM (Enclose one form / individual)

Name _____ Age _____
Address _____
City _____ State _____ Zip _____ Phone _____
Email _____

____ Beginner I (no experience) ____ Beginner II (1-3 yrs ballet/modern)
____ Intermediate (4-6 yrs. ballet/modern) ____ Advanced/Professional (7-10 yrs ballet/modern)
(Adv./Pro. eligible to audition for the company or trainee program)

Call for more information: 816.767.9222

I Request:

____ Airport Shuttle (\$20 1 way/\$40 round trip) ____ Lunches M-F (\$25 per wk)
____ Weekend activity July14 (\$35 Required for 2 wk campers, optional for 1 wk campers)
____ Host Housing (\$100 /per week to be paid upon arrival to host; includes
breakfast/dinner/transportation each week)

I am enclosing the following payment:

____ \$250 1 wk/ early bird by Feb. 29 ____ \$480 2 wks/early bird by Feb. 29
____ \$275 1 wk/ by April 30 ____ \$530 2 wks/ by April 30
____ \$300 1 wk/ by May 31 ____ \$580 2 wks/ by May 31
____ \$325 1 wk/after May 31 ____ \$630 2wks/after May 31

Roommate preference _____

Payment Policies: Make checks payable to Dramatic Truth. Space availability determined by date received. Full payment is required to make your reservations!!

Cancellation Policy: \$50 fee if cancelled by June 30; no refunds after June 30.

MEDICAL RELEASE FORM (Mandatory information, please fill out.)

Insurance Company _____ Policy Number _____
Group Number _____ Name of Policy Holder/Insured _____

Notary _____ Date _____

I hereby give my permission to Dramatic Truth personnel to authorize any minor emergency medical treatment that may be required by the above named participant during the Worship Dance Intensive from July 10-July 15/22, 2011. I understand that I am responsible for any and all charges as a result of such care and medical treatment. I release the Dramatic Truth Worship Dance Intensive, the facilities they may utilize, the faculty, their agents, board of directors, and staff from any and all liabilities while involved in any and all activities.

Applicant Signature _____ Applicant
Name _____
Parent/Guardian signature _____ Date _____
Parent/Guardian name _____