

Artistic Motion

American/French Dance Intensive Program Registration Form

Participant Name (AS IT APPEARS ON PASSPORT): _____

Age: _____ Sex: _____ Email: _____

Participant Address: _____

Father (if applicable) : _____ Phone (H) _____ (W) _____

Mother (if applicable) : _____ Phone (H) _____ (W) _____

Cell Phones: (M) _____ (F) _____

Parent Address: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Student's Doctor: _____ Office Phone: _____

Allergies/Special Medical Conditions: _____

Please note that a non-refundable \$3,000 deposit is due upon registration along with a copy of the participant's passport. All registration forms are due prior to February 28, 2012. The remaining balance of \$2,500 is due prior to May 1, 2012. Artistic Motion reserves the right to cancel the trip prior to March 15, 2012. All deposits will be refunded if the trip is canceled by Artistic Motion due to lack of interest.

Deposit due February 28th: _____ \$3,000

Balance due by May 1st: _____ \$2,500

Total: _____ \$5,500

Amount Enclosed: _____

Please Mail To:
Artistic Motion
312 N. Eugene Street
Greensboro, NC 27401

Please make checks payable to Artistic Motion

I agree that the instructor may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately or while abroad. I have read Artistic Motion's policies and agree to honor them.

Signature: _____

Date: _____