

COMPLEXIONS

CONTEMPORARY BALLET

CHOREOGRAPHY WORKSHOP 2008 REGISTRATION & PAYMENT FORM

Date: _____

Please indicate the session(s) you would like to attend:

- Session I (August 4-8): \$325.00 Session II (August 11-15): \$325.00
 Session II (August 18-22): \$325 *will include a performance opportunity on August 22nd*

discounts for combined sessions:

- Session I + 2: \$600.00
 Session I + 3: \$600.00
 Session 2 + 3: \$600.00
 All three sessions: \$850.00

APPLICANT INFORMATION: (please print)

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Height: _____ Weight: _____

Existing Injury/ Health Condition: _____

Academic School: _____ Grade: _____

How did you learn about the Complexions Choreography Workshop?

CONTACT INFORMATION: (please print)

E-Mail: _____

Street Address: _____ City, State, Zip: _____

Please Note: Complexions assumes no responsibility for personal injury or for personal property

Signature: _____ Date: _____

PAYMENT INFORMATION: (please print)

For payment by Credit Card:

Name: _____
(as it appears on card)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please charge: \$300 \$325 \$600 \$850

To my: American Express Visa Mastercard

Card Number: _____ Expires: _____

Signature: _____

For payment by Check:

Enclosed is my check in the amount of \$ _____

*Please note that there are **no refunds**.*

Please mail this form with payment to:

Sarah Miller
Complexions Contemporary Ballet
c/o Darby & Darby PC
7 World Trade Center
250 Greenwich Street
New York, NY 10007

Or

Fax to: (212) 777-4457

Please write on the cover sheet: Sarah Miller attn: Complexions Contemporary Ballet