

NDA 2009 SUMMER DANCE CAMPS REGISTRATION

Phone, Fax or Mail your registration today!

Phone: 1.877.NDA.2WIN • 1.877.632.2946

Fax: 1.972.840.4054 • 1.972.840.4010

Mail: NDA DANCE CAMP

PO Box 660359
Dallas, TX 75266-0359

This form may be used for all NDA Camps. Please refer to the camp listing for address information.
If an address is listed with the camp you choose, mail your registration to that location.

University/Location of Camp		
Your School Name		
School Address		
City	State	Zip
School Phone #	School Fax #	
Additional Contact Person (parent, principal, etc.) and Phone #		

Dates of Camp	Camp Type (Day, Overnight, Platinum, etc.)	
Advisor/Contact Person to Receive Information		
Street Address		
City	State	Zip
Daytime Phone #	Evening Phone #	
Advisor's E-Mail Address	Alternate Phone #	

It is very important that we receive your E-Mail address and/or fax number in order to send you important information about your camp.

Squad Type:

- Elementary Junior High Freshman Junior Varsity Varsity All-Star Studio

Please select the three dance styles that you would like emphasized.

- Lyrical/Modern Kick Hip-Hop Jazz Pom Prop/Novelty

- Is your team:** Level 1 (Beginner) Level 2 (Intermediate) Level 3 (Advanced) Elite

The following information is important for billing and housing purposes. Please fill in each blank with the appropriate number from your group.

Overnight	Advisors	Participants
Female		
Male		

Instruction Only	Advisors	Participants
Female		
Male		

- YES, I have attached a list of Participants' names. TRYOUT DATE: _____
 NO, I will send a list of Participants' names after tryouts.
 Did you attend an NDA Camp in 2008? YES NO
 If NO, what company's camp did you attend? _____

For Office Use Only:	
_____	_____
Date Received	Past Amount
_____	_____
Check Number	Entry Date
_____	_____
Check Amount	Entered By
_____	_____

- Method of Payment:
 School or Cashiers Check School Purchase Order (attached copy required) Money Order
 American Express Visa MasterCard Discover

Account Number	

Card Owner Signature	

Expiration Date	Phone #
_____	_____
Total Amount Enclosed	Charge Amount
_____	_____
Advisor/Director Signature	

I have read and agree with the NDA Registration and Payment information and will be responsible for communicating this information to parents/participants. This application form may also be duplicated.