

# NDA 2010 SUMMER DANCE CAMPS REGISTRATION

**Mail, Fax or E-mail your registration today! For questions call 1.877.NDA.2WIN**

**Phone: 1.877.NDA.2WIN • 1.877.632.2946**  
**Fax: 1.972.840.4054 • 1.972.840.4010**  
**E-mail: NDAregistration@NationalSpirit.com**

**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 #/Cell Phone # \_\_\_\_\_

Advisor's E-Mail Address \_\_\_\_\_

**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

TRYOUT DATE: \_\_\_\_\_

**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.  
 NO, I will send a list of Participants' names after tryouts.  
 Did you attend an NDA Camp in 2009?    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 Cashier's 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.