

# NDA 2008 SUMMER DANCE CAMPS REGISTRATION

**Phone, Fax or Mail your registration today!**

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.

**PHONE:**  
1.877.NDA.2WIN  
1.877.632.2946

**MAIL:**  
NDA DANCE CAMP  
PO Box 660359  
Dallas, TX  
75266-0359

**FAX:**  
1.972.840.4054  
1.972.840.4010

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 (Elite, Commuter, Resident, 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  Field  Pop/Novelty

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

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

Dormitory Residents	Advisors	Participants	Mascots
Female			
Male			

Commuters/Day Campers	Advisors	Participants	Mascots
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 2007?  YES  NO

If NO, what company's camp did you attend? \_\_\_\_\_

- For Luxury Camps only, check here if you would like to request a single Advisor room at the applicable additional charge. Number of rooms requested \_\_\_\_\_

**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

Card Holder's Signature

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.