

REGISTRATION FORM

MDP Workshop Registration

Name of Student: _____

Signature (Parent or Guardian if under 18): _____

(Signature is required on this form. Signer agrees to all terms and conditions contained in our brochure)

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email address: _____

Studio Name: _____

Studio Director's Name: _____

Studio Address: _____

Studio City: _____ Studio State: _____ Studio Zip: _____

Studio Phone: (____) _____ - _____ Studio Website: _____

Studio Email: _____

MDP City You Will Be Attending: _____

Early Discount Registrations must be Postmarked 21 Days Prior to Workshop

| Level | # of Students | Early Discount | Full Price | Totals |
|------------------------|---------------|-----------------|------------|--|
| Beginner Level | _____ X | \$129.00 | \$149.00 = | _____ |
| Intermediate Level | _____ X | \$159.00 | \$179.00 = | _____ |
| Advanced Level | _____ X | \$159.00 | \$179.00 = | _____ |
| Workshop Total: | | | | <input style="width: 100px; height: 20px;" type="text"/> |

Performance Registration

Please fill out this section if you would like to perform in the Student/Faculty Performance
PLEASE ATTACH A SEPARATE SHEET WITH A LIST OF PERFORMER'S NAMES

PERFORMANCE TOTAL:

(Number of Routines listed below: _____ X \$50.00)

| Routine Name | # of Students | Choreographer |
|--------------|---------------|---------------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ |

GRAND TOTAL

(Workshop + Performance Total)

AMEX / VISA / M/C / DISCOVER _____ - _____ - _____ Exp. Date: ____ / ____

Cardholder Signature: _____ CVV/CVC/CID Code On Card _____

FILL OUT CREDIT CARD INFO OR INCLUDE CHECK OR MONEY ORDER AND MAIL TO:

Manhattan Dance Project

7942 W Bell Rd
Ste C5 #615
Glendale, AZ 85308

OR CALL: (623) 376-7578
OR FAX FORM TO: (623) 376-7579
OR REGISTER ONLINE AT: <http://store.mdpdance.com>



CCB _____ APRVL _____ AMT _____ RECVD _____
CASH _____ CKNO _____ AMT _____ RECVD _____

Students Registered

Beginner Level

Intermediate Level

Advanced Level

REGISTER ONLINE
<http://store.mdpdance.com>

BOOK A MDP MINI-WORKSHOP AT
YOUR STUDIO TODAY
CALL (623) 376-7578

JOIN US FOR
MDP SUMMER INTENSIVE
MORE INFO AT
www.mdpdance.com