

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	Full Price	Totals
Beg/Int Level	_____ X	\$185.00 =	_____
Advanced Level	_____ X	\$185.00 =	_____
Workshop Total:			_____

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: <https://store.mdpdance.com>



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

Students Registered

Beginner/Intermediate

Advanced Level

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

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

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