



Choreographic Workshop Registration Form

Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email _____ Phone _____

Gender F M Date of Birth (mm/dd/yr) ____ / ____ / ____ Age (18+) _____

How did you hear about us? _____

<p>IHSAN RUSTEM NW Dance Project Resident Choreographer</p> <p>WEEK 1 JUN 18 to 22 / 2018</p>	<p>VICTOR QUIJADA RUBBERBANDance Group Founder</p> <p>WEEK 2 JUN 25 to 29 / 2018</p>
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WEEK 1 _____ WEEK 2 _____ WEEK 1 + 2* _____

Workshop Fee | \$585 *\$70 Discount when registering for both weeks.

**No refunds, credits or exchanges will be given, for any reason, after the start of the first day.
Cancellation fee of \$185 prior to the start of workshop.**

Waiver: I agree to the following waiver and release. I acknowledge that I (my child) am/is physically fit and have no health, medical or physical problems that preclude participation in the activities of NW Dance Project. I understand and acknowledge these activities may require special conditioning and skills and involve risk that may include serious bodily injury, permanent disability, death, personal property damage, social or economic loss. I understand these risks may arise from any event(s), whether in or out of my (my child's) control, and these risks may be unforeseeable or unknown at this time. I fully accept and assume all risks and all responsibilities for losses, costs and damages that may occur as a result of participation in these activities and agree that NW Dance Project is in no way liable for any risks incurred from participation in these activities. I hold harmless NW Dance Project, its faculty, employees, officers and agents from any liability, actions, cause of action, claims and demands of any and every kind which may arise from or in connection with participation in these activities. I grant NW Dance Project permission to take still photographs and/or shoot video of any portion of any class I (my child) may be a part of. These images will be copyrighted to NW Dance Project and can be used by the organization for any marketing, promotional or other purposes. I have read, understand and shall comply with the above waiver and permit myself (my child) to participate in the activities.

Signature _____ Date _____

Registration + Payment Must be Received by JUN 1 / 2018

\$40 LATE REGISTRATION/PAYMENT FEE AFTER JUN 1 / 2018

Check or money order should be made out to NW Dance Project.

NW Dance Project
PO Box 42488
Portland OR 97242

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NW Dance Project is a registered 501(c)(3) not-for-profit organization