

# 2010 NDA Dance Camp Registration Form



Use this form to register for the Alamo City Dance Camp in San Antonio. To avoid duplication, please do not mail this form if you phone or fax your registration, unless requested to do so by Southwest Camps.



EITHER → MAIL this form with your payment or school purchase order to: Southwest Camps, PO Box 350, Cisco, TX 76437  
 OR → FAX this form with a school purchase order or credit card payment 24 hours a day to (254) 442-2514.  
 Phone (254) 442-2500 or (888) 442-2514 (Southwest Camps is not responsible for faxes not received.)

Camp Location University of Incarnate Word – San Antonio Camp Dates July 11 – 14, 2010

School/Squad Name \_\_\_\_\_

School/Squad Phone ( ) \_\_\_\_\_ Fax Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Advisor / Contact to receive information:

Name \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name of Director(s) / Sponsor(s) attending camp and cell phone #:

1. \_\_\_\_\_

2. \_\_\_\_\_

**\*\*\* IT IS VERY IMPORTANT THAT WE RECEIVE YOUR E-MAIL ADDRESS AND/OR FAX # IN ORDER TO \*\*\***  
**\*\*\* SEND 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  Hi-Hop  Jazz  Pom  Prop / Novelty

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

Overnight Residents	Directors	Participants
Female		
Male		

Commuters	Directors	Participants
Female		
Male		

**Names of individuals attending are required! Please attach a list of participants' names (including directors, chaperones, etc.). You can download a blank form from our website <http://www.southwestemblem.com/camp2010.html>. PLEASE PRINT.**

I will be responsible for communicating to parents/participants all NDA Camp information sent to me, including NDA policies and procedures.

Director's Signature: \_\_\_\_\_

**Method of Payment:**  School Purchase Order (attached copy required)  School or cashier's check  Money Order

<b>Complete if paying by credit card:</b>	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Credit Card #:	_____		Expiration Date:	_____/____/____
Cardholder Name:	_____		Cardholder Phone #	_____
Amount to Charge: \$	_____		Signature:	_____