

# 2012 NDA Dance Camp Registration Form



ALL INFORMATION IS REQUIRED FOR REGISTRATION



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.  
 OR → E-MAIL this form to [camp@southwestemblem.com](mailto:camp@southwestemblem.com)  
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 15 – 18, 2012  
 School/Squad Name \_\_\_\_\_ Number of Squads Attending \_\_\_\_\_  
 School/Squad Phone ( ) \_\_\_\_\_ FAX Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**Director / 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 \_\_\_\_\_

**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 \_\_\_ Prop / Novelty

Is your team: \_\_\_ Level 1 (Beginner) \_\_\_ Level 2 (Intermediate) \_\_\_ Level 3 (Advance) \_\_\_ Elite

**Names of individuals attending, (including sponsors, coaches, etc.), are required.** If necessary, please list additional names and corresponding information on our "List of Participants Form" that can be downloaded from our website: [www.southwestemblem.com/camp2012](http://www.southwestemblem.com/camp2012)

**PLEASE PRINT.**

NAME	RESIDENT	COMMUTER	FEMALE	MALE	TEAM TYPE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**I will be responsible for communicating to parents / participants all NDA Camp information downloaded from our website, including NDA policies and procedures.**

Director / Sponsor Signature: \_\_\_\_\_

**Method of Payment: Select one** \_\_\_ School Purchase Order (attached copy - required) \_\_\_ School or Cashier's check \_\_\_ Money Order

**Complete if paying by credit card: check one** \_\_\_ American Express \_\_\_ Discover \_\_\_ VISA \_\_\_ MasterCard  
 Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ CVV # \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Cardholder Phone # \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Amount to Charge: \$ \_\_\_\_\_ Signature: \_\_\_\_\_