GUS GIORDANO DANCE SCHOOL

SUMMER INTENSIVE

Name: _____

PLEASE PRINT

Intensive Date: _____

Year in School/Fall 2012: _____

Birthdate: _____ Age: _____ Circle: Male or Female

T-shirt Size (Please Circle): Child S M L or Adult S M L

(Adult S is ordered if no size is circled)

Have You Studied at Gus Giordano Dance School?: _____

Allergies: _____

Parent Name: _____

Address: _____

City: _____ Zip: _____

Cell #: _____ Home #: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact #: _____

SELECT:	**Mail Registration Form with Payment to:**
FULL AMOUNT $550	Gus Giordano Dance School 5230 N Clark St Chicago, IL. 60640
OR	**or Fax with Credit Card Information to:**
$100 DEPOSIT (Balance Charged 5/1/12)	773.275.5231
NO REFUNDS OR CREDIT ON CAMPS	Card Type: VISA MC DISCOVER Account #: _____ Exp Date: _____ CID #: _____ Name on Card: _____

- Gus Giordano Dance School Has a No Refund Policy -

Upon registration, I as a participant (or as a parent/guardian of a participant taking class under 18 years of age) at the Gus Giordano Dance School, do hereby fully release and discharge the Gus Giordano Dance School, their officers, faculty, and employees from any and all claims from injuries, damage, or loss which I may incur on account of my participation. I also understand publicity photos and videos may be taken at any time. **Registration must be signed to be processed.**

Signature: _____ Date: _____