



## Work Exchange/ Scholarship Request

Work Area: KP = Kitchen CS = Community Service SL = Sound & Lights WF = Waterfront CC = Childcare SN = Special Needs PS = Parking/Security

Use this form to request work exchange (W/E) or scholarship. Indicate 1<sup>st</sup> & 2<sup>nd</sup> choices of work area and the amount of W/E and scholarship per person. Kitchen hours are the most prevalent. W/E pays at a rate of \$9/hour.

	Adult A	Adult B	Teen 1	Teen 2
Name (first)				
Work Area				
W/E Dollars				
Scholarship				

You must pay your full camp registration fee prior to camp. **Work Exchange and scholarship are not guaranteed.** For award verification contact Alan Bell. **Deadline for scholarship request is July 19.** To request scholarship you must include a letter of need. **Indicate the area(s) where you would prefer to work and number of hours requested.** There are no scholarship awards without work exchange hours.

## DNE Membership

*\*Complete address information on the first page of this form\**

Membership entitles you to a free copy of all DNE publications listed below, please check off the ones you want.  
 Newsletter [Print Only] | Directory [Print Only] | LC & CCG Minutes [Email only]

As a Member of DNE I, commit \$ \_\_\_\_ and, \_\_\_\_ hours to DNE for this year. (Minimum \$10 and 3 hours)

Name \_\_\_\_\_ Signature \_\_\_\_\_ N \_\_ D \_\_ M \_\_

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## Do you have food restrictions?

Please indicate if you have the food restrictions listed below. Please note, these are the ONLY dietary restrictions we can accommodate. If you have dietary needs that are not reflected here you will need to bring your own provisions, which can be kept in a refrigerator in the dining hall. We ask that you DO NOT even ASK the cooks or ANY kitchen personnel to accommodate your individual special needs!!

	No Restrictions	No Wheat	No Dairy	Vegan Only	No wheat & No Dairy
Adult A:	[ ]	[ ]	[ ]	[ ]	[ ]
Adult B:	[ ]	[ ]	[ ]	[ ]	[ ]
Child/Teen 1:	[ ]	[ ]	[ ]	[ ]	[ ]
Child/Teen 1:	[ ]	[ ]	[ ]	[ ]	[ ]

Do you have physical limitations or special needs that would be helpful for us to know about?  
 Please contact Devorah Rosenberg at devorahrosenberg@charter.net (508) 792-2757.

## FEE CALCULATION CHART (\*Refer to fee information section of flyer)

NAME(S)				
Daily Fee *				
Multiple by number of days (7 and 11 days registrants don't count the last day, thus multiply by 6 and 10 respectively)	x	X	x	x
<b>SUBTOTAL</b>				
<b>Non-members Weekend Only Attendees add \$20</b>				
<b>Registrations postmarked after:</b>				
6/23 add \$25 (weekend \$15)				
7/16 add \$50 (weekend \$30)				
8/6 add \$75 (weekend \$45)				
Membership Fees (if any)				
TOTAL PER PERSON				
TOTAL FOR ALL CAMPERS				
Voluntary Childcare Contribution		The final day, 8/31/03, is not charged. Do not include it in your calculations.		
Voluntary DNE Contribution				
DNE Directories (\$5 each): # __ x \$5= (if a member, 1 copy is free, additional orders please pay for)		<b>Make checks payable to Dance New England Send the entire page with check to: DNE c/o Samantha Armer, 474 40<sup>th</sup> Street, Oakland CA 94609</b>		
<b>TOTAL DUE</b>				
<b>AMOUNT ENCLOSED</b>		<i>Registrations received without checks will not be processed.</i>		
<b>BALANCE DUE BY AUG 11<sup>TH</sup>:</b>				