

Work Exchange/ Scholarship Request

Work Area: KP = Kitchen CS = Community Service SL = Sound & Lights WF = Waterfront TD = Take-down (9/4 4-9pm) CC = Childcare SN = Special Needs PK = Parking

Use this form to request work exchange (W/E) or scholarship. Indicate 1st & 2nd 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 **Samantha Armer at (510) 525-2438 or WorkExchange@dne.org.** **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.

Annual DNE Membership (you must renew each year) *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!!

- | | | | | | |
|---------------|--|-----------------------------------|-----------------------------------|-------------------------------------|--|
| Adult A: | <input type="checkbox"/> no restrictions | <input type="checkbox"/> no wheat | <input type="checkbox"/> no dairy | <input type="checkbox"/> vegan only | <input type="checkbox"/> no wheat & no dairy |
| Adult B: | <input type="checkbox"/> no restrictions | <input type="checkbox"/> no wheat | <input type="checkbox"/> no dairy | <input type="checkbox"/> vegan only | <input type="checkbox"/> no wheat & no dairy |
| Child/Teen 1: | <input type="checkbox"/> no restrictions | <input type="checkbox"/> no wheat | <input type="checkbox"/> no dairy | <input type="checkbox"/> vegan only | <input type="checkbox"/> no wheat & no dairy |
| Child/Teen 1: | <input type="checkbox"/> no restrictions | <input type="checkbox"/> no wheat | <input type="checkbox"/> no dairy | <input type="checkbox"/> vegan only | <input type="checkbox"/> no wheat & no dairy |

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

NAME(S)				
Daily Fee (from previous page)				
Multiply by number of days (7 and 11 days registrants don't count the last day, 9/4/04, thus multiply by 6 and 10 respectively)	x	x	x	x
SUBTOTAL				
Non-members Weekend Only Attendees add \$20				
Registrations postmarked after:				
6/27 add \$30 (weekend \$20)				
7/18 add \$60 (weekend \$40)				
8/8 add \$90 (weekend \$60)				
Membership Fees (if any)				
TOTAL PER PERSON				
TOTAL FOR ALL CAMPERS				
Voluntary Childcare Contribution		The final day, 9/04/04, is not charged because it is the day we all participate in take-down. Do not include it in your calculations. Make checks payable to Dance New England Send the entire page with check to: DNE c/o Samantha Armer, 1119 Cedar Street, Berkeley CA 94702 Registrations received without checks will not be processed.		
Voluntary DNE Contribution				
DNE Directories (\$5 each): # __ x \$5= (if a member, 1 copy is free, additional orders please pay for)				
TOTAL DUE				
AMOUNT ENCLOSED				
BALANCE DUE BY AUG 15TH				

