

Dance New England Summer Camp 2010 Registration Form

Adult A

First Name _____

Last Name _____

Street Address _____

City _____

State _____ Zip/Postal _____ Country _____

Day phone (_____) _____

Night phone (_____) _____

Email _____

Date of Birth _____ Gender _____

- Check here if you are 18 - 30 years of age
 Check here if your contact information changed since last year
 Check here if this will be your first DNE summer camp

Emergency Contact Information

Name _____

Phone (_____) _____ Relationship _____

Attendance preference (All 11 / 1st Wkend / 1st 4 / Last 7/ Custom)

1st choice _____ 2nd choice _____

Custom (\$25 per person; subj. to avail.) _____

- Put me on the waiting list if my first choice isn't available
 Confirmation will be sent by email only, unless you check here

Dietary Restrictions (only if you have restrictions; all meals vegetarian)
vegan / no wheat / no dairy / vegan + no wheat / no dairy + no wheat

Membership (\$15-25 sliding & minimum 3 hours volunteering)

\$_____ Dollar committment

_____ Hour committment

Work Exchange and Financial Aid

Please state your preferences, we will try to accomodate them.

Work area: (please circle)
kitchen / waterfront / parking / community service / childcare / special needs

Work exchange dollars \$_____ Financial Aid \$_____

Vehicles

License Plate _____ State _____

- Check here if you need a ride or are offering a ride (carpooling)

Daily Fee \$_____ (see page 2)

DNE Directories _____ (first free for DNE Members)

Do not list my name and address in the directory Adult A Adult B

- Check here for paperless directory only (electronic copy, when available)

Voluntary childcare contribution \$_____ Voluntary DNE Contribution \$_____

Adult B

First Name _____

Last Name _____

Street Address _____

City _____

State _____ Zip/Postal _____ Country _____

Day phone (_____) _____

Night phone (_____) _____

Email _____

Date of Birth _____ Gender _____

- Check here if you are 18 - 30 years of age
 Check here if your contact information changed since last year
 Check here if this will be your first DNE summer camp

Emergency Contact Information

Name _____

Phone (_____) _____ Relationship _____

Attendance preference (All 11 / 1st Wkend / 1st 4 / Last 7/ Custom)

1st choice _____ 2nd choice _____

Custom (\$25 per person; subj. to avail.) _____

- Put me on the waiting list if my first choice isn't available
 Confirmation will be sent by email only, unless you check here

Dietary Restrictions (only if you have restrictions; all meals vegetarian)
vegan / no wheat / no dairy / vegan + no wheat / no dairy + no wheat

Membership (\$15-25 sliding & minimum 3 hours volunteering)

\$_____ Dollar committment

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Please state your preferences, we will try to accomodate them.

Work area: (please circle)
kitchen / waterfront / parking / community service / childcare / special needs

Work exchange dollars \$_____ Financial Aid \$_____

Vehicles

License Plate _____ State _____

- Check here if you need a ride or are offering a ride (carpooling)

Daily Fee \$_____ (see page 2)



Dance New England Summer Camp 2010 Registration Form, page 2

Minor 1 (0-17 years of age)

First Name _____ Last _____

Gender _____ Date of Birth _____

Relation to Adult _____

Phone (____) _____

Email _____

Address same as: Adult A Adult B

Attendance preference (All 11 / 1st Wkend / 1st 4 / Last 7/ Custom)

1st choice _____ 2nd choice _____

Custom (\$25 per person; subj. to avail.) _____

Dietary Restrictions (TEENS 13-17 years old; only if any restrictions)

vegan / no wheat / no dairy / vegan + no wheat / no dairy + no wheat

Membership (\$15-25 sliding, minimum 3 hours volunteering)

\$_____ Dollar committment _____ Hour committment

Teen Work Exchange and Financial Aid

Please state your preferences, we will try to accomodate them.

Work area: (please circle)

kitchen / waterfront / parking / community service / childcare / special needs

Work exchange dollars \$_____ Financial Aid \$_____

Minor 2 (0-17 years of age)

First Name _____ Last _____

Gender _____ Date of Birth _____

Relation to Adult _____

Phone (____) _____

Email _____

Address same as: Adult A Adult B

Attendance preference (All 11 / 1st Wkend / 1st 4 / Last 7/ Custom)

1st choice _____ 2nd choice _____

Custom (\$25 per person; subj. to avail.) _____

Dietary Restrictions (TEENS 13-17 years old; only if any restrictions)

vegan / no wheat / no dairy / vegan + no wheat / no dairy + no wheat

Membership (\$15-25 sliding, minimum 3 hours volunteering)

\$_____ Dollar committment _____ Hour committment

Teen Work Exchange and Financial Aid

Please state your preferences, we will try to accomodate them.

Work area: (please circle)

kitchen / waterfront / parking / community service / childcare / special needs

Work exchange dollars \$_____ Financial Aid \$_____

| Income Range | Adult Daily Fee Range |
|--------------|-----------------------|
| \$0 – \$25k | \$48 – 69 |
| \$26 – \$45k | \$69 – 91 |
| \$46 – \$65k | \$91 – 112 |
| \$66 – \$85k | \$112 – 132 |
| over \$85 | \$132 – 153 |

Young Adults: For those 18-25 years old who are in the lowest income range, the minimum daily rate is \$42.

| Young People | Daily Fee |
|----------------|-----------|
| Under 6 mos | free |
| 6 mos - 12 y | \$30 |
| 13 - 17 y | \$33 |
| teen no parent | \$36 |

Please make sure to check your daily rate amount on the sliding scale chart. We would like to believe that we are insulated from inflation, but it has affected DNE as it has the rest of the world. Thank you.

Online Registration payment: PayPal charges for all transactions, and as DNE strives to be fair and keep costs as low as possible for all, PayPal's surcharge of 2.5 % will be added. We prefer the reduced paper-waste payment method which also has the happy side affect of an increase in convenience.

Fee Calculation Chart

| | | | | |
|---|--|--|--|--|
| First names | | | | |
| Daily fee rate | | | | |
| Multiply by number of days | | | | |
| Subtotal | | | | |
| Registrations postmarked after: 6/7 add \$25 7/7 add \$50 7/27 add \$75 | | | | |
| Customizing fee \$25 per person | | | | |
| Membership fee | | | | |
| Total per person | | | | |
| Total for all campers | | | | |
| PAYPAL fee (2.5%) | | | | |
| Voluntary childcare contribution | | | | |
| Voluntary DNE contribution | | | | |
| Dne directories (\$5 each): # _____ × \$5 = _____ (first is free for members) | | | | |
| Total due | | | | |
| Amount enclosed | | | | |
| Balance due by Aug. 1st | | | | |

The final day, 8/24/10, is not charged because it is the day we all participate in take-down. Do not include it in your calculations.

Registrations received without checks will not be processed.

Make check payable to : **Dance New England**
Send both sides (pages) with check to:
DNE c/o Samantha Armer
95 Mount Warner Road
Hadley, MA 01035 USA