

American Dance and Music Week

July 2 to 9, 2005

Name _____ Phone (h) (____) _____

Address _____ Phone (w) (____) _____

City _____ State _____ Zip _____

E-mail _____

Please Check ONE:

- Male
- Female
- Couple. I will attend only if _____ attends.

Do not print in the camp roster:

- My name
- My phone
- My e-mail
- My address

Check all that apply:

- I would like to room with _____
- I would like vegetarian meals / require special diet

- I can offer a ride to camp
- Please help me find a ride
- I would like to apply for a work-trade scholarship
(Work scholarship applicants should send the deposit)

Enclosed is:

- \$695 full tuition
- \$ 75 deposit
- \$ _____ tax-deductible gift to BACDS

To register, please mail this form with check payable to BACDS:

BAY AREA COUNTY DANCE SOCIETY
c/o Flip Alpern, Registrar
P.O. Box 501, Willits, Ca 95490

Contact Flip Alpern with questions about registration:

707-459-2141, flipalpern@aol.com

