American Dance and Music Week, July 7 to July 14 * 2007

Name		Phone ()	(h)
Address		Phone ()	(c/w)
City		State	Zip	
e-mail address			<u>_</u>	
[] Male [] Fe	ease check ONE: emale ill attend only if attends	Check ALL that apply: I would like [] to room with [] to apply for a Work-Scholarship [] vegetarian meals [] have medical dietary needs [] I will need [] can offer transportation		
[] My name	e on the camp roster: [] My phone i [] My e-mail	number		
Enclosed is \$ 755 full tuition \$ 125 deposit tax-deductible gift to BACDS				
BACD 2644 C Sebast ************************************	his form with your cl S c/o Susan Amato, I Olsen Road copol, CA 95472 ************************************	Registrar		*******
Key Deadlines Feb 3 March 17 March 31 April 30 June 9 June 23	Registration opens Application/Lottery p Notification of accept \$125 cancellation fee Final balance due; \$40 No refund upon cancel	ance retained 0 cancellation fee r		
Registrar, Susar Program Direc Co-Managers, Joyce O	amweek@bacds.org> n Amato (707) 829-729 tor, Susan Petrick (650 Cooper (408) 858-4812	224-6428		