

**9th National High School Dance Festival**

March 13 – March 16, 2008

University of the Arts  
Philadelphia, Pennsylvania

**SCHOOL REGISTRATION FORM (FORM C)**

Name of School: \_\_\_\_\_

Name of Teacher in Charge: \_\_\_\_\_

Teachers Home or Cell No\*: \_\_\_\_\_

**\*Information not mandatory**

School Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Students \_\_\_\_\_ x \$105 = \_\_\_\_\_

Faculty \_\_\_\_\_ x \$75 = \_\_\_\_\_

Other Adult \_\_\_\_\_ x \$75 = \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

School (includes 2 Faculty/Chaperones) \$225 = PAID on \_\_\_\_\_

Adjudication Fees \$25 each = PAID on \_\_\_\_\_

**Method of Payment**

Personal / Company Check # \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

(make checks payable to: **University of the Arts**)

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Security Code (3 digits on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_

**TEACHER IN CHARGE:**

**Please collect all student registration forms and fees and mail together in one envelope. Thank you.**

**SEND COMPLETED FORMS TO:**

**University of the Arts**

Tara Keating, School of Dance

320 South Broad Street

Philadelphia PA 19102 - 4994

Phone: 215-717-6112

Fax: 215-717-6109

E-Mail: tkeating@uarts.edu

Website: www.nhsdf.org

**DEADLINE: JANUARY 16, 2008**