

9th National High School Dance Festival

March 13 – March 16, 2008

University of the Arts

Philadelphia, Pennsylvania

TEACHER/CHAPERONE REGISTRATION FORM (FORM G)

A minimum of one teacher must accompany students from his/her school.

Please use one form for each teacher or chaperone

Check appropriate box: *teacher* *chaperone*

Last Name: _____ First Name: _____ M.I.: _____

Title: *Dr.* *Mrs.* *Miss* *Ms.* *Mr.* *other* _____

E-Mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Cell phone No: _____

High School: _____

High School City: _____ High School State: _____

TEACHER IN CHARGE:

Please collect all 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