

A.T.DANCERS

SUMMER PERFORMANCE APPLICATION

Dancer _____ Age _____ Birthdate _____

Parent(s) _____

Address _____ City _____ Zip _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Parent/Student E-Mail _____

Dance School Name/Instructor _____ Grade Fall '11 ____

School District _____

Please circle what performance(s) you are available for as well as any rehearsal conflicts.

Performance costs: \$15 per performance/dancer - checks payable to Abby Todd

THRILLER!!

Sunday, August 14 5-7pm

Monday, August 15 8-9:30pm

Sunday, August 21 5-7pm

Tuesday, August 23 8-9:30

Monday August 29 8-9:30

Wednesday, August 31 -

Performance (early afternoon)

As a parent or legal guardian of the above-named dancer, I hereby authorize Abby Todd (or its designee) to photograph, audiotape, and/or videotape my child while participating in any program or activity sponsored by ATD, and I consent to the use of my child's name and picture, voice or likeness in any educational or commercial materials produced relating to such programs or activities, including but not limited to use on any website. I also give permission to Abby to use pictures in which one or more other members of my family (adult or minor) appear with my child.

Dancer Signature _____ Date _____

Parent / Legal Guardian Signature (if under 18) _____ Date _____