



A DAY OF DANCE CONNECTING  
THE WORLD ONE SMILE AT A TIME

# APRIL 10. 2011 WORKSHOP FORM

INDEPENDENT ENTRY FORM  
REMEMBER ALL AGES ARE AS OF APRIL 10TH, 2011

## 2 WAYS TO REGISTER:

- E-MAIL: e-mail your registration form to  
spreadthesmile@hotmail.com
- MAIL: mail your registration form and payment to:  
The School of Performing Arts  
c/o Spread the Smile  
200 E. 5th Ave. Suite 132  
Naperville, IL 60563

**FOR QUESTIONS CALL 1 (630) 717-6622**

NAME	BIRTHDATE	AGE

Family Name:

Parent's Name:

Address:

City, State, & Zip:

Phone:

Cell Phone:

(For emergency use on event day)

E-mail:

## PAYMENT

Please send one check for all Workshop Fees. Entry fees are non-refundable.

I have mailed a check in US Dollars payable to  
**Katie Lunn Memorial Fund** to:

The School of Performing Arts  
c/o Spread the Smile  
200 E. 5th Ave. Suite 132  
Naperville, IL 60563

Please charge my credit card

Visa     
  MasterCard     
  American Express

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

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

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

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

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

Billing Address: \_\_\_\_\_

## WORKSHOP FEES

AGE GROUP	# OF DANCERS	FEE	TOTAL
Juniors (7-12)	_____ X	\$50 =	\$_____
Seniors (13 +)	_____ X	\$50 =	\$_____
<b>TOTAL WORKSHOP FEES</b>			<b>= \$_____</b>