spread the smile!

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

APRIL 10. 2011 WORKSHOP FORM

PLEASE LIST ALL DANCERS.
REMEMBER ALL AGES ARE AS OF APRIL 10TH, 2011

NAME	BIRTHDATE	AGE

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

Studio Name: _____

Contact Name: _____

Studio Owner'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		FEES		TOTAL
Juniors (7-12)	_____	X	$50	=	$_____
Seniors (13 +)	_____	X	$50	=	$_____
		TOTAL WORKSHOP FEES		=	$_____