

2009 NEWPORT DANCE WEEK REPLY FORM

Full Name: _____
Address: (street) _____
(city) _____ (state) _____ (zip code) _____
Phone: (day) _____ (eve.) _____ (cell) _____
E-mail: _____

I. Would you like either your e-mail and/or home phone number included on the participant address list given to all participants? Check one, both or none: _____ e-mail _____ phone

II. Transportation

I plan to arrive on (Sun. or Mon.) _____ at (approx. time) _____.

I will arrive by (car, plane...) _____ Flight, if flying _____.

Car info, if driving (make, model, color, license plate) _____

III. Room Assignment

Any special requests? (room near friend, etc.) We do our best to meet requests, but cannot guarantee they will be met. _____

IV. Medical Information

There will not be medical personnel on staff, but if you have any condition that we should be aware of, please indicate it here. _____

V. Liability Release

I acknowledge that my participation in the Newport Vintage Dance Week is voluntary. I will not hold The Commonwealth Vintage Dancers, the instructors, or Roger Williams University responsible for any accident that may occur as a result of my participation.

Sign _____

Print Name _____ Date _____

VI. Photograph Release

_____ I **give** permission for CVD to use my image in photographs taken at this event for future dance week brochures and on the CVD website.

_____ I **do not give** permission for CVD to use my image in photographs taken at this event for future dance week brochures and on the CVD website.

Sign _____

Print Name _____ Date _____

VII. Emergency Number (who to contact in case of emergency)

Name: _____

Address: _____

Phone: (day) _____ (eve.) _____

VII. **Tour of Blithewold (Cost \$10)** _____ I WILL attend. _____ I WILL NOT attend.

Tea at Blithewold is included in the week's tuition fee. The house tour is extra.

Please complete and return this form ASAP to: Newport Dance Week, 99 Malvern St., Melrose, MA 02176.