PRO-AM FORMATION ENTRY FORM

Student	Student	Teacher

Confirmation Address: (please print)

Name:_____

Address:_____

City:_____ST:_____Zip:_____

Phone:_____Fax:_____Email:_____

Send Forms and Fees to:

"Dancing a la Carte"

c/o David Rosinski

200 Lambert Terrace #28

Chicopee, MA 01020

Phone and Fax: (413) 538-7991

Email: dancingalacarte@aol.com

Cancellation Policy: **No refunds will be made for entries, sessions, or packages after the final deadline of may 1st, 2008.**