

2008 NEWPORT DANCE WEEK REPLY FORM

Full Name: _____

Address: (street) _____

(city) _____ (state) _____ (zip code) _____

Phone: (day) _____ (eve.) _____

E-mail: _____

I. Would you like either your e-mail and/or phone number included on the participant address list given to all participants? Check as many as apply:

_____ e-mail _____ phone _____ address only

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

_____ I requested a double room.

_____ My preferred roommate is _____.

_____ Please assign me a roommate.

_____ I requested a single room.

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

IV. The Breakers Mansion Tour (Tuesday)

_____ I WILL go on the tour (cost \$10). _____ I will not go on the mansion tour.

V. New England Dinner Entrée Choice (Tuesday)

My choice is (choose one): _____ Lobster _____ Chicken _____ Vegetarian

VI. Luncheon Train Entrée Choice (Saturday)

My choice is (choose one): _____ Stuffed Filet of Sole _____ Baby Back Ribs _____ Pasta Primavera
_____ Chicken Forrestiere

VII. 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. _____

PLEASE TURN OVER

VIII. 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 The Portsmouth Abbey School responsible for any accident that may occur as a result of my participation.

Sign _____

Print Name _____ Date _____

(please turn over)

IX. 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 _____

Please complete and return this form by August 1 to: Newport Dance Week, 99 Malvern St., Melrose, MA 02176 or e-mail to Hannah@vintagedancers.org.

Note: As entrée orders for the New England Dinner and train luncheon must be placed in advance, please make sure your form arrives by the deadline to insure you get your first choice.