

2011 NEWPORT DANCE WEEK REPLY FORM

Full Name: (print clearly) _____

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 one, both or neither: _____ e-mail _____ phone _____ neither

II. **Transportation**

I plan to arrive Saturday _____ at (approx. time) _____.

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

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

III **Polo Match** (Saturday, July 30 5-7 p.m.)

A) I **WILL** attend the polo match and have dinner there. _____ Yes _____ No

B) I **WILL** attend the Welcome Dance after the polo match. _____ Yes _____ No

C) I **WILL NOT** arrive in time to attend the polo match and Welcome Dance. _____

IV. **Room Assignment**

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

V. **Meal Preference**

_____ Non-Vegetarian _____ Vegetarian

VI. **Mansion Tour**

_____ Please sign me up for the tour of Rosecliff mansion tour on Sunday, July 31. (\$9.00)

_____ I will not attend the Roseliff mansion tour.

VII. **Swap and Sell**

Tables (6-8 ft) will be provided for the Swap and Sell. If you plan to bring items to the Swap and Sell, please indicate the size of table you would like. A small amount of shared rack space is available. Please also indicate if you would like rack space. (If you have a lot to hang, you may want to bring your own rack.)

_____ ½ table _____ 1 whole table _____ rack space

VIII. **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. _____

OVER

IX. 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. I understand CVD may use my image in photographs taken at this event for future dance event publicity and on the CVD website.

Sign _____

Print Name _____ Date _____

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