

## 2010 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 one, both or none: \_\_\_\_\_ e-mail \_\_\_\_\_ phone

### II. Transportation

I plan to arrive on (Sat.. or Sun.) \_\_\_\_\_ 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 \_\_\_\_\_

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