

Levoy Arts & Education Center  
16 E Pine Street, Millville, NJ  
856-327-6400 ext 107  
[Education@levoy.net](mailto:Education@levoy.net)

## WEST AFRICAN DANCE WORKSHOP REGISTRATION FORM

November 5, 2022, 2 PM - 4 PM

Ages: Family Friendly

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you registering with a second person?  Yes  No

**If so, please complete the following information for the second person:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT:**  \$15 FOR 1 PERSON OR  \$25 FOR 2 PEOPLE

**Charge my credit card (circle):**      Visa      MC      AMEX      Disc

CC#: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Check #: \_\_\_\_\_ (You can also pay by cash in advance)

## 2022 EMERGENCY CONTACT FORM

### Emergency Contacts:

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

### Media Release

I hereby consent to the collection and use of my (or my child's) image by photography or video recording.

I acknowledge these may be used on the Levoy Theatre's website, in newsletters and publications as well as distributed to members or on social media.

I further acknowledge that my (or my child's )image may be used by the Levoy Theatre Preservation Society to promote the Levoy Theatre in the future. I consent to my (or my child's) inclusion in any streamed video performance event.

I understand that no personal information, such as names, will be used in any publications or online mediums unless my express consent is given.

Signature: \_\_\_\_\_