



JUNIOR CAVALIER GIRLS
DANCE CAMP

DANCE CLINIC REGISTRATION (ONE PER PARTICIPANT)

| | | | |
|-----------------------------|--------------------------|--------------|----------|
| NAME: | AGE (Open to ages 7-18): | | |
| ADDRESS: | | | |
| CITY, ST, ZIP: | HOME PHONE: | | |
| EMERGENCY CONTACT: | PHONE: | | |
| SCHOOL/STUDIO NAME: | | | |
| DANCE LEVEL (CIRCLE ONE): | BEGINNING | INTERMEDIATE | ADVANCED |
| NUMBER OF YEARS EXPERIENCE: | | | |
| T-SHIRT SIZE (CIRCLE ONE): | SMALL | MEDIUM | LARGE |

JR. CAVALIER GIRLS DANCE CLINIC
Saturday, August 13, 2005
Gund Arena
1 Center Court, Cleveland, OH 44115
8:30AM – 3:00 PM

PAYMENT INFORMATION:

| | |
|---|------|
| DANCE CLINIC REGISTRATION FEE | \$80 |
| SEND ____ ADDITIONAL TICKETS (UPPER LEVEL CENTER) AT \$35 EACH* | |
| HANDLING FEE | \$5 |
| TOTAL AMOUNT DUE | |

*Please note that tickets for this game are limited and are being offered on a first-come, first-served basis. The ticket included in the registration fee is for the participant's entrance into the game.

CHECK # _____ (MAKE PAYABLE TO CLEVELAND CAVALIERS)

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD # _____ EXP DATE _____

SIGNATURE _____

PLEASE MAIL TO CLEVELAND CAVALIERS, 1 CENTER COURT, CLEVELAND, OH 44115,
ATTN: NICOLE HAASE OR FAX TO 216-420-2329.
QUESTIONS? CALL 216-420-2228.