

Praxis Project  
Summer Dance Intensive  
July 2008  
Registration Form

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

Cell Phone: \_\_\_\_\_

Alt. Phone \_\_\_\_\_

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

Address:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of payment enclosed: (\$375) \_\_\_\_\_

(payment is due, in full, no later than July 7, 2008)

Comments/questions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please send payment to:

**Praxis Project** 2301 W. 20th Street Los Angeles, CA 90018

By registration and payment herein, I certify that barring any injury or emergency, I will attend the full Praxis 2008 workshop. I understand that classes will be held on July 13<sup>th</sup>, 20<sup>th</sup> and 27<sup>th</sup>, 2008, from 12:30p.m.-5:00 p.m. at the Blankenship Ballet Studio in Venice, CA (located at: 132 Brooks Avenue, Venice, California 90291 - *Corner of Brooks, Abbot Kinney & Main*). I promise to come neatly dressed, with a positive attitude, ready to learn and work hard. I also agree to indemnify and hold harmless Praxis Project, Inc. and the Blankenship Ballet Studio for any harm or injury to myself or others, which may occur during the course of the workshop, other than that resulting from the negligence or wilful intent of either Praxis Project and/or Blankenship Ballet Studio.

\_\_\_\_\_  
Signature of Praxis Enrollee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
if Praxis Enrollee is a Minor

\_\_\_\_\_  
Date