



Associated Dance Teachers of New Jersey Workshop Registration Form

Workshop Date: _____

Name: _____

Are you a member of ADTNJ? Yes _____ No _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Studio Name: _____

Studio Address: _____

City: _____ State: _____ Zip: _____

Studio Phone: _____

This Area Filled Out By Teacher Or Studio Owner

****Please list all students' names attending this workshop on back****

MEMBERS:

	<u>No of Attendees</u>	<u>AMOUNT</u>
Name(s) _____	_____ @ FREE	_____
Dues Payment	_____ @\$80	_____
Late Fee (After First Workshop)	_____ @\$25	_____
Member Assistant Teachers	_____ @\$45	_____
Member Senior Students (ages 14 & up)	_____ @\$45	_____
Member Teen Students (ages 11-14)	_____ @\$45	_____
Member Junior Students (ages 7-10)	_____ @\$45	_____

NON-MEMBERS:

	<u>No of Attendees</u>	<u>AMOUNT</u>
Non-Member Teacher	_____ @\$55	_____
Assistant Teachers	_____ @\$50	_____
Non-Member Senior Students (ages 14 & up)	_____ @\$50	_____
Non-Member Teen Students (ages 11-14)	_____ @\$50	_____
Non-Member Junior Students (ages 7-10)	_____ @\$50	_____

SPECIAL:

Free Non-Member Teacher (w/10 Students Registered) _____ @ FREE _____

TOTAL _____
Credits Applied _____
Amount Paid _____
Cash _____ Ck# _____
Date Received _____

NOTES: (Office Use Only)
