

2011 NEW ORLEANS DANCE FESTIVAL APPLICATION FORM

NAME (MS. MR. DR.) _____

ADDRESS _____

CITY STATE ZIP CODE _____

PHONE - CELL HOME WORK _____

EMAIL ADDRESS _____

SOCIAL SECURITY _____

DATE OF BIRTH _____

CREDIT CARD INFORMATION

TYPE OF CARD VISA OR MASTERCARD _____

CARD NUMBER _____

EXPIRATION DATE _____

NAME ON CARD _____

THREE-DIGIT SECURITY CODE _____

CREDIT CARD PAYMENTS MAY ALSO BE MADE BY PHONE.
PLEASE CALL 504.314.7742 OR 504.812.4553

INSURANCE STATEMENT

I understand that if I am injured, my insurance will
be the primary source of payment. (A copy of the Insurance card must accompany application form.)

_____ SIGNATURE

_____ INSURANCE COMPANY

I WILL PURCHASE TULANE STUDENT
INSURANCE (IF YES SIGN BELOW) _____

MAKE CHECKS PAYABLE TO: ADDRESS: NEW ORLEANS DANCE FESTIVAL
MAIL REGISTRATION FORM AND CHECK TO:

NEW ORLEANS DANCE FESTIVAL
TULANE UNIVERSITY DEPARTMENT OF THEATRE AND DANCE
ROOM 215 MCWILLIAMS
NEW ORLEANS, LOUISIANA 70118