

DNE SUMMER CAMP 2017 Registration

Adult A All fields required

NAME First _____ Last _____

Date of Birth _____ (to help serve our community better)

Address _____

City _____ State _____ Zipcode _____

Phone (include area) _____

Email _____

____ Check here if your contact information has changed

____ Check if your first DNE summer camp

Emergency Contact Information

Name _____

Phone _____ Relationship _____

Attendance Preference: All 10; First 4; Last 6

____ 1st ch ____ 2nd ch ____ 3rd ch ____ 4th ch

____ Wait list if my first choice isn't available

____ Confirmation sent by email only, unless checked here

Dietary preference: (please circle, **only** if you have restrictions)

vegan | no wheat | no dairy | vegan/no wheat | no dairy/no wheat

Membership

\$ ____ Membership dollar committment (\$15+)

____ Membership hours committment (15 hours minimum)

Work Exchange and Financial Aid

Please state your preferences, we will try our best to fit.

Work area: (please circle)

kitchen | waterfront | parking | chores | childcare | special needs

Work exchange value \$ ____ Financial Aid \$ ____

Parking at Camp:

Vehicle make/model/color _____

License Plate _____ State _____

____ Check here if you need or are offering a ride.

Daily Fee Calculated: \$ ____

Adult B All fields required

NAME First _____ Last _____

Date of Birth _____ (to help serve our community better)

Address _____

City _____ State _____ Zipcode _____

Phone (include area) _____

Email _____

____ Check here if your contact information has changed

____ Check if your first DNE summer camp

Emergency Contact Information

Name _____

Phone _____ Relationship _____

Attendance Preference: All 10; First 4; Last 6

____ 1st ch ____ 2nd ch ____ 3rd ch ____ 4th ch

____ Wait list if my first choice isn't available

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Vehicle make/model/color _____

License Plate _____ State _____

____ Check here if you need or are offering a ride.

Daily Fee Calculated: \$ ____

DNE Directories: Paperless directory only, electronic PDF, tree-free now.

Adult A ____ Adult B ____ Do not list me in the directory

DNE Members commit at least \$15 and 15 hours of volunteer committee work. The hourly commitment is a guideline based on the typical DNE volunteer positions, and if you feel like you have put in more than your share on average in recent years, take a break (we will still consider you a Member). Members are eligible for free access to the DNE online directory.

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Child A All fields required

NAME First _____ Last _____

Gender _____ Date of Birth _____

Relation to Adult A/B _____

Phone _____

Email _____

Minor age 13+ in Directory ____Y ____N

Address same as: ____Adult A ____Adult B

Dietary preference: (please circle, only if you have restrictions)
 vegan | no wheat | no dairy | vegan/no wheat | no dairy/no wheat

Attendance Choice: All 10; First 4; Last 6
 ____1st ch ____2nd ch ____3rd ch ____4th ch

Membership (minors 13+)
 \$ ____Membership dollar committment (\$15+)
 ____Membership hours committment (15 hrs min.)

Minor interested in Work Exchange:
 ____Work Exchange work in YPP.

Work exchange value \$ ____ Financial Aid \$ ____

Daily Rate Calculated: \$ ____

Child B All fields required

NAME First _____ Last _____

Gender _____ Date of Birth _____

Relation to Adult A/B _____

Phone _____

Email _____

Minor age 13+ in Directory ____Y ____N

Address same as: ____Adult A ____Adult B

Dietary preference: (please circle, only if you have restrictions)
 vegan | no wheat | no dairy | vegan/no wheat | no dairy/no wheat

Attendance Choice: All 10; First 4; Last 6
 ____1st ch ____2nd ch ____3rd ch ____4th ch

Membership (minors 13+)
 \$ ____Membership dollar committment (\$15+)
 ____Membership hours committment (15 hrs min.)

Minor interested in Work Exchange:
 ____Work Exchange work in YPP.

Work exchange value \$ ____ Financial Aid \$ ____

Daily Rate Calculated: \$ ____

Make check (\$USD) to:

Dance New England

Mail form & payment to:

Dance New England c/o
 Samantha Armer
 PO Box 417
 Leeds MA 01053-0417

Adult and Young Adult Daily Rate Ranges

Income Range/year	\$0-25K	\$25-45K	\$45-65K	\$65-85K	\$85-105K
Adult Daily Rate	\$75-107	\$107-140	\$140-173	\$173-203	\$203-236
18-25 Young Adult Rate	\$65-107	\$107-140	\$140-173	\$173-203	\$203-236

Young People's Daily Fees

Minor Age	Under 6 mo	6 mo-12 yr	13-17	Teen no Parent
Minor Daily Rate	free	\$48	\$51	\$55

Rates Calculation Chart

Camper:	Adult A	Adult B	Minor 1	Minor 2
Daily Rate	\$	\$	\$	\$
Days	x	x	x	x
Subtotal	\$	\$	\$	\$
Donation	\$	\$	\$	\$
Late Fees post-marked after: 6/5 \$25; 7/5 \$50; 8/3 \$75	\$	\$	\$	\$
Member Dues \$15-25	\$	\$	\$	\$
Total Per Camper	\$	\$	\$	\$

Rate and Fees Total

Rates total of all Campers	\$
Voluntary childcare contribution	\$
Voluntary DNE contribution	\$
Directories (Tree-Free PDF) Free w/ Membership, Non-members \$5	\$
Total Due	\$
Amount Enclosed Deposit: \$100 ea Adult; \$75 ea Young Adult; \$50 ea Minor	\$
Balance Due 8/5/17	\$

Registrations are not processed until deposit payment is received. If you need help, 9am-9pm Eastern, call 347-559-5869. FAQs & online registration at dne.org