

# Horton Summit

June 15-18, 2006 Los Angeles, CA



**To Register:** Fax this form to 202.994.2176

**Or mail to:** Lester Horton Dance Theater, Inc. 1338 N. Laurel Ave #204, Los Angeles, CA 90046

**Our preferred method of payment is a check or money order.**

## Teen/Adult Classes

Class card = \$280 (all class sessions, two meals, one panel, two choreography presentations)

**Class Subtotal** \_\_\_\_\_

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**Drop-in Only.** *Students with a class card attend free of charge.*

## Panel

Lester Horton: The Man & His Work (includes panel of former dance company members) = \$10

**Panel Subtotal** \_\_\_\_\_

## Donation

My donation to the Lester Horton Dance Theater, Inc.: \_\_\_\_\_

**Donation Subtotal** \_\_\_\_\_

**(Add all subtotals together) Total Amount Due \$** \_\_\_\_\_

**Amount Enclosed \$** \_\_\_\_\_

**Your registration also includes all classes, one panel, lunch on Thursday and Friday, and two choreography presentations.**

## Method of Payment (please check or circle credit card type):

Check/Money Order Enclosed \_\_\_\_\_ Visa MasterCard American Express Discover

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_/\_\_\_\_\_

## Contact Information

\_\_\_\_\_  
Parent's Name (If student is 18 or under)

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
E-mail Address

University (if applicable) \_\_\_\_\_

Phone (Day/Evening) \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person

\_\_\_\_\_

Emergency Contact Phone

**How did you hear about the Event?**

\_\_\_\_\_

**Student Liability Release Agreement**

Application will not be complete without the signing of this agreement. For students under the age of 18 years, a parent or guardian's signature must accompany the student's. I agree that I will not hold Lester Horton Dance Theater, Inc., its administrators or any faculty member liable for injuries sustained or illnesses contracted by me while I am a participant in this program. I further agree that I will not hold LHDT, Inc responsible for the loss or damage of personal property while attending this program.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to:

Lester Horton Dance Theater, Inc.

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