



Rhythm World²⁹ Registration Form

July 22 – 28, 2019 • Fine Arts Building

410 S. Michigan Ave., Studio 464, Chicago, IL 60605
 Phone: 312-542-2477 Email: registration@chicagotap.org

**** All information requested below is required ****

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Contact's Relationship: _____

Contact's Phone: _____

Contact's Email: _____

How did you hear about the festival? _____

To Register:

1. Fill out all personal information fields and sign participant agreement.
2. Use Page 2 to mark specific class registration.
3. Complete fees worksheet below.
4. Choose payment method and fill out credit card information if applicable.
5. Email or mail this form to CHRP. You will receive an email confirmation upon receipt.

FEES WORKSHEET	By March 10	After Mar. 10	Quantity	Subtotal
YTEC	-	\$525		
Teacher Certification	\$300	\$325		
Kids Program	\$225	\$250		
Courses	\$110	\$120	X _____	
Workshops	\$75	\$90	X _____	
Master Classes	\$30	\$35	X _____	
Festival T-Shirt (Size: XS S M L XL)		\$15	X _____	
			Subtotal:	
Promotion Code: _____			Total Discount:	
Registration Fee	\$30 (not subject to discounts)			\$30
Comments:			TOTAL DUE:	

Registration Policies

I understand (please initial):

_____ Any class with insufficient enrollment may be canceled. Students will have the choice of an alternate class, a credit to any future CHRP event, or a refund.

_____ Cash, personal check and money orders are accepted, but require that registration be mailed or faxed to CHRP offices.

_____ Students may cancel their registration by June 21 to receive a refund minus a \$75.00 cancellation fee + the \$30.00 registration fee. Unfortunately, refunds will not be issued after this date.

Participant Agreement

I, _____, am participating in the activities of the Chicago Human Rhythm Project on my accord. Pending any incidents of injury, I release the Chicago Human Rhythm Project, and all its locations, from liability.

 Signature of participant or parent/guardian if participant is under 18

Payment Method (check one)

- Credit Card (see below) Check enclosed Cash/Money Order enclosed

*Please make checks & money orders payable to **Chicago Human Rhythm Project***

Card Number: _____ Exp: _____

Name on Card: _____ CVV: _____

Billing Address: _____ Same as above

Signature: _____ Date: _____