

# 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