

THE CHICAGO TAP SUMMIT 17 -Registration Form

Location: Harold Washington Cultural Center 4701 S. King Dr. Chicago, IL.

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____

EMAIL: _____ STUDIO: _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE CHECK OFF DESIRED CLASSES BELOW

Friday, Oct. 13th

Time	Int.	Adv.
4 - 5:15	<input type="checkbox"/> Nora	<input type="checkbox"/> Ja'Bowen
5:30 - 6:45	<input type="checkbox"/> Megan	<input type="checkbox"/> Victoria
7pm	TAP JAM/CUTTING CONTEST	

Sunday, Oct. 15th

Time	Int.	Adv.
10 -11:15	<input type="checkbox"/> Tristan	<input type="checkbox"/> Martin
11:30-12:45	<input type="checkbox"/> Star	<input type="checkbox"/> Donnetta
1 -2:15	<input type="checkbox"/> Jumaane	<input type="checkbox"/> Bril
2:30-3:45	<input type="checkbox"/> Lee	<input type="checkbox"/> Nico
4-5:15	FOOTAGE/HISTORY	

Saturday, Oct. 14th

Time	Int.	Adv.
9 - 10:15	<input type="checkbox"/> Nico	<input type="checkbox"/> Tristan
10:30 -11:45	<input type="checkbox"/> Ja'Bowen	<input type="checkbox"/> Nora
12 - 1:15	<input type="checkbox"/> Bril	<input type="checkbox"/> Megan
1:30 - 3:15	LUNCH/PANEL	
3:30 - 4:45	<input type="checkbox"/> Victoria	<input type="checkbox"/> Star
5:00 - 6:15	<input type="checkbox"/> Martin	<input type="checkbox"/> Jumaane
6:30 - 7:45	<input type="checkbox"/> Donnetta	<input type="checkbox"/> Lee
8:30pm	CONCERT "CHICAGO"	

PLEASE CHECK OFF PAYMENT SELECTION (S) *** TAKE OFF REGISTRATION FEE BEFORE SEP. 15TH
All quoted prices are in US Dollars

- Chicago Summit M.A.D.D. Package - \$300.00**
Unlimited Classes, lunch and panel discussion, tap jam, participants showcase
- Chicago Summit Day Pass:** **Friday \$45.00**
 Saturday \$150.00 **Sunday \$100.00**
Unlimited Classes and any events on given day – Note that Concert is Not Included

- Individual Class Rate- \$30.00**
of classes ____ x \$30 = _____
- Lunch/Panel Discussion - \$15**
- Tap Jam - \$10**

Total class fees _____ plus \$15 registration fee = TOTAL AMOUNT of \$ _____
I would like to receive my registration/payment confirmation by phone or by email
Payments can be made via cash, check or money order. Please make payments payable to:

M.A.D.D. Rhythms
113 S. St. Louis Ave.
Chicago, IL.
60624

Ph: (773) 604-1899
info@maddrhythms.com
www.maddrhythms.com

Rules, Regulations and waiver:

M.A.D.D. Rhythms Inc. reserves the right to refuse admittance to anyone of disruptive and unruly nature at the discretion of artistic director. 2) M.A.D.D. Rhythms Inc., alongside participating instructors will not be held responsible for any claims to damages or injuries of any kind resulting from activities listed in these classes. 3) M.A.D.D. Rhythms Inc. reserves the right to use their photos and videos for advertising and publicity purposes. 4) Individual videotaping is prohibited. 5) No refunds given unless for medical reasons of which documentation is required. I hereby acknowledge the above stated rules and regulations and accept and assume all risks, damages or injuries of any kind. In signing this agreement, I am aware of all contained information and that I am affecting my legal rights.

DATE _____

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN IF UNDER 18 _____

