Dance Level – Please see descriptions to determine where you would be most comfortable. Class placement may also be	APPLICATION (one form per person)
subject to teachers' discretion.	All applicants must be 18 or over. Please print clearly!
☐ Basic* ☐ Experienced ☐ Intermediate ☐ Advanced	☐ Male ☐ Female
*if demand warrants—See level description	Name
Class affiliation:	Address
Other Information (check all that apply)	
☐ Vegetarian ☐ Other dietary restrictions: Specify:	City/State/Zip
Friday Buffet Supper (6-7 p.m.) Yes No	Phone (day & evening)
Housing Preference Standard housing is in single-sex dormitories with up to 12 campers. Indicate preferred dormmate below.	E-mail address
campers. Indicate preferred dominiate below.	Badge first name (last name required)
For dorm assign: Light sleeper Snorer	Make your check payable to New Hampshire Highlands
Retreat-house housing is in either private or semi-private rooms with twin beds and private bath. Linens and towels are provided. If not available, reservation will be switched to dormitory.	(checks drawn in US funds on a US bank). Scholarships available – contact Roberta: rlasnik@verizon.net If the weekend is full, postmark date will determine
☐ Single (limited) ☐ Double (submit 2 together)	placement on a waiting list.
☐ If not available, <u>do not</u> change to dormitory,	☐ Dormitory \$210*
Roommate(s)— <u>required</u> for retreat house double:	☐ Single room (limited) in retreat house \$370* ☐ Semi-private room in retreat house \$275* per person (submit applications together)
Campers and tents can be accommodated by special, advance arrangement. The cost of the weekend remains the same. Access times for showers may be limited. Please read and sign the following: In consideration of my acceptance to New Hampshire	*Deduct \$10, if paid in full by July 1, 2017. Amount enclosed: \$ (\$50 minimum due with application — must be paid in full by August 1, 2017)
Highlands, I waive any claim for myself, my heirs and my assigns against the event sponsors or promoters for injury or illness which may result from my participation. I further state	Complete other side, <u>including signature</u> , and mail application with check to:
that I am in proper physical condition to participate in this event. Signature and date	New Hampshire Highlands c/o Loren Wright 6 Addison Dr.
Signature and date	N. 1 NIII 020/2 250/

Nashua, NH 03062-2596