



Workshop Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (include area code): _____ - _____ - _____

E-mail address: _____

Workshop location: _____

Workshop level (check one):

- | | |
|--|---|
| <input type="checkbox"/> Beginner Dance | <input type="checkbox"/> Advanced Dance |
| <input type="checkbox"/> Beginner Intermediate Dance | <input type="checkbox"/> Brazeo |
| <input type="checkbox"/> Intermediate Dance | <input type="checkbox"/> Cuadro |
| <input type="checkbox"/> Intermediate Advanced Dance | |

Registering for (check one):

- | | |
|--|--|
| <input type="checkbox"/> Full workshop | <input type="checkbox"/> Individual classes: _____ (number of classes) |
|--|--|

Total amount \$ _____

Additional comments:

Check must be payable to "Omayra Amaya".

Please send your completed form and check at least one week before the start date to:

Omayra Amaya
720 Collins Ave. #604
Miami Beach, FL 33139