

# Winter Dreams Ball Registration Form

Make checks payable to SBCDS and mail to:

Winter Dreams, c/o Bonnie Lassen, 4140 Hidden Oaks Rd., Santa Barbara CA 93105

Full Name(s) \_\_\_\_\_

First name on tag if different than above \_\_\_\_\_

Very legible email(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

I request/can offer hospitality. Details: \_\_\_\_\_

Ball registration \$40 (\$5 discount available through January 14, 2016) per dancer. \_\_\_\_\_ dancer(s) = \$ \_\_\_\_\_

Contributions to the Winter Dreams Ball Fund and Scholarship Fund = \$ \_\_\_\_\_

Ball Observer Status (includes refreshements) \$10 per non-dancer. \_\_\_\_\_ observer(s) = \$ \_\_\_\_\_

Total enclosed = \$ \_\_\_\_\_