

Winter Dreams Ball Registration Form

Make check 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: _____

Registration \$40 (\$35 through January 21, 2015) 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 = \$ _____

Where do you attend English Country Dances? _____