

Winter Dreams Registration Form

OR register and pay online at <http://sbcdds.org/wd>

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) _____

Phone(s) _____

Winter Dreams Weekend Package (includes all three below) with discount: \$55 x ____ dancer(s) = \$ _____

Welcome Dance a la carte (or pay at the door): \$12 x ____ dancer(s) = \$ _____

Ball Review a la carte (or pay at the door): \$10 x ____ dancer(s) = \$ _____

Winter Dreams Ball a la carte: \$40 x ____ dancer(s) = \$ _____

Donations to the Winter Dreams Ball Fund and Scholarship Fund = \$ _____

Total enclosed = \$ _____