

| Participants Name 1:  Leader / Follower Professional / Student  |   |   | Partic                                | Participant Name 2:                         |                             |  |
|---|---|---|---------------------------------------|---|-----------------------------|--|
|   |   |   | Leade                                 | er / Follower                               | Professional / Student      |  |
| Package Type - Roor   | n Preference                              | <u>:</u>  |                                       |   |                             |  |
| Day Camp  Single VIP Package \$  Double VIP Package \$  Dance Camp No-Hote  Competitors Camp Bo  Competitors Camp 1 s | ☐ After Ho☐ After Ho☐ After Ho☐ After Ho☐ | After Hours  After Hours VIP Single \$699  After Hours VIP Double \$1398  After Hours No-Hotel \$449  After Hours Add On \$190  (for day campers) |                                       | Room Type  King Double  Non-smoking Smoking |                             |  |
| Additional night  |   | ı CI  | neck out                              | We  | ekend \$125 Weekday \$8     |  |
| Ambassador Jacket   |   |   |                                       | Your  | StatusYears                 |  |
| If this is your 5th,  | 10th, 15th or                             | 20th Anniversary  | at Mastery Da                         | ance Camp pleas                             | se select your jacket size: |  |
| X-Small S   | Small                                     | Medium  | Large                                 | X-Large                                     | XX-Large                    |  |
| Payment Details   | i   |   |                                       |   |                             |  |
| Name:   |   |   |                                       |   |                             |  |
| Address   |   | <del> </del>  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·       |                             |  |
| City  |   | State   |                                       | Zip Code _                                  |                             |  |
| Phone   |   |   | Email                                 |   |                             |  |
| Method of paym  | ent:                                      |   |                                       |   |                             |  |
| Zelle 714-417-5463  |   |   | Si                                    | Signature                                   |                             |  |