

REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____

Ph: _____ Cell: _____

Tango Fantasy Festival Full Memorial Weekend

MASTERS OF TANGO

**(optional)- At local theater- \$30 for full tuition attendees
VIP seating.**

All milongas are included

How did you learn about this event?:

Internet Studio Teacher Other

I request your assistance in securing a roommate: Yes No

I am a Female ___ Male ___ Smoker ___ Non-smoker ___

Early Enrollment From Feb 28, 2011 After Mar. 30, 2011

Memorial Weekend Festival \$499.00 \$575.00

A \$150.00 deposit before Feb 25, 2011 balance by April 20th, 2011

Make checks payable to: TANGO FANTASY FESTIVAL

Mail to: 5757 SW 88 Ct. Miami, FL. 33173

Refund Policy:

Full refund-less \$50.00 before March 30, 2011 50% After April 15, 2011

All major credit cards accepted

Tel : (305)428-3805 / Cel: (305) 905-3935

www.tangofantasy.com