

**Mahmoud Reda, Legend of Egypt
August 20-21, 2011**

Workshop Registration (deadline August 15)

Name: _____ **Dance/Business Name:** _____

Address: _____

Phone: _____ **Email:** _____

ALL participants must complete and return the attached liability form with registration.

Workshops (private/small group/small class will be held in Boulder)

* Saturday August 20 workshop (Mercury Café, Denver) 10-4 _____

* Sunday August 21 workshop (Mercury Café, Denver) 10-4 _____

Saturday or Sunday Workshop: \$110 each pre-reg, \$125 after July 20

Full weekend of workshops: \$200 pre-reg, \$230 after July 20

Group discount – preregister 8 or more people together, get 10% off!

No refunds will be given after July 20 for any reason

Show (Mercury Café, Denver)

\$15 per person for evening show

No of Attendees _____

Total Price _____

Vending:

\$50 per table one day only _____

\$80 per table both days _____

(vending may stay open for show intermission)

Checks payable to:

Julia Petteway
PO Box 776
Nederland, CO 80466

Paypal: \$3 charge (email to request an invoice or send total amount and note which workshop(s) you are paying for) jawahir@raqsjawahir.com

(contact lewl for sponsorship & advertising

sponsors:


sensorielle
Natural & Organic Wellness Spa
1801 13th Street, Suite 150, Boulder, CO 80302
book online! sensoriellespa.com



symbolic insight productions
po box 776, nederland, co 80466
symbolicinsight.com

LIABILITY DISCLAIMER

(each individual participant must complete and send this form with registration

Instructors (*Mahmoud Reda*), event promoters (*Julia "Jewl" Petteway, Tambra Productions*), all sponsors (*including Sensorielle LLC, Symbolic Insight Productions*) facilities (*Mecury Caf *), and all associates of the above mentioned, are neither responsible nor liable for personal injuries or loss of, or damage to personal property. Since this is a physical activity, injuries may occur. Each student may decline to participate in any activity that they feel may be harmful; and is also responsible to inform the instructor of any physical limitations that may prevent full participation. I have read, understand, and agree to the above stated policies.

Signature _____ Date _____

Print name of participant or parent/legal guardian: _____

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