



<p><b>Chicago Botanic Garden</b> Saturday, February 27, 1–2:30 p.m. Participation fee: \$5 per person (registration ends February 26)</p>	<p>Number of Participants ____ X \$5 = ____</p>
<p><b>The Center on Halsted</b> Saturday, March 6, 11–11:45 noon Participation fee: \$5 per person (registration ends March 5)</p>	<p>Number of Participants ____ X \$5 = ____</p>
<p><b>Hubbard Street 2 Family Matinee AND Family Workshop</b> at the Harris Theater in Millennium Park Saturday, March 20, 3–5:30 p.m.</p>	<p>Number of Family Matinee Tickets ____ X \$5 = ____</p> <p>Number of Family Workshop Participants ____ X \$5 = ____</p>
<p><b>DISCOVER DANCE®</b></p>	<p><b>TOTAL =</b> ____</p>

**FAMILY INFORMATION:**

**Adult Participant 1:** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Adult Participant 2:** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Child Participant 1:** First: \_\_\_\_\_ Last: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Participant 2:** First: \_\_\_\_\_ Last: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Comments/special accommodations \_\_\_\_\_

**BILLING/METHOD OF PAYMENT:**

**Check enclosed**  
(made payable to Hubbard Street Dance Chicago)

**Charge my credit card\***  
 Amex    Discover    MasterCard    Visa

Credit card number \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

\*I understand that the total cost listed above will be billed to this credit card.

**Return this form to: Hubbard Street Dance Chicago**  
**Attn: Education Department / 1147 W. Jackson Blvd. / Chicago, IL 60607**  
**Fax: 312-455-8240**  
**Questions: 312-850-9744 x149 or [community@hubbardstreetdance.com](mailto:community@hubbardstreetdance.com)**