



Benefiting
the

PANCREATIC
CANCER
ACTION
NETWORK

Registration Information

November 5th, 2016
Menomonee Falls High School
W142 N8101 Merrimac Drive
Menomonee Falls, WI

-Please send check or money order payable to: Elevate MKE

-Please Mail Completed Registration & Fees to:

Elevate MKE
P.O. Box 170456
Milwaukee, WI 53217

-Registration materials and fees must be postmarked no later than Saturday, October 15th. Take advantage of our Early Bird Rate by having your team registration postmarked by Thursday, September 15th.

-Please send a registration form for each team attending.

-Registration and medical forms are available at www.wiprodance.com.

-Each participant must have a completed medical release form. No student will be allowed to participate without a form. All medical forms will be collected at the registration table on November 5th, 2016.

-Competition schedules, directions, and school maps will be emailed to coaches two weeks prior to the event and they can also be accessed at www.wiprodance.com as the competition approaches.

-Please direct any questions to competition coordinators via email at info@elevatemke.com.

-No refunds will be given in the case of inclement weather. The competition will not be cancelled due to weather.

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Team Registration

November 5th, 2016

School Name: _____

Coach Name: _____

Assistant Coaches/ team personnel: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ School Fax: _____

Email Address (REQUIRED): _____

TEAM REGISTRATION (Please check):

Category	Pom	Kick	Jazz	Hip Hop
Collegiate				
Varsity				
Junior Varsity				
Middle School				
Tiny (Age 5 & under)				
Mini (Age 9 & under)				
Youth (Age 12 & under)				
Junior (Age 15 & under)				
Senior (Age 18 & under)				

TEAM COMPETITION FEES

Early Bird Rate (postmarked by 9/15/16)! Number of Team Athletes Competing: ___ x \$10

Regular Rate (postmarked by 10/15/16): ___ x \$12

= \$ _____

Additional Routine Fee (Circle One)

\$40 for 1 Additional (2 Routines Total)

\$60 for 2 Additional (3 Routines Total)

\$80 for 3 Additional (4 Routines Total)

= \$ _____

TOTAL TEAM FEES = \$ _____

Mail completed registrations to: Elevate MKE, P.O. Box 170456
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SOLO, DUET, AND SMALL GROUP REGISTRATION

School Name: _____

Coach Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ School Fax: _____

Email Address (Required): _____

List Athlete(s) Name & Average Grade * List Duet/ Small Group Names on one line

1. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

2. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

3. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

4. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

5. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

6. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

7. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

8. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

9. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

10. _____ Avg. Grade _____

Circle: Solo Duet Small Group (3-5 people)

SOLO AND SMALL GROUP FEES

Total Number of Athletes participating in Solos, Duets, and Small Groups _____ x \$15

Please note that if a dancer is competing in two categories, the fee is paid twice

TOTAL FOR SOLO AND SMALL GROUP COMPETITION = \$ _____

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