



2018-2019 Regional Workshop Registration Form

PHONE: 866-695-4144

ALL ENTRY FORMS AND FEES MUST BE POST MARKED 30 DAYS BEFORE START OF COMPETITION.

MAIL TO: REVIVE DANCE: 1900 Industrial Blvd, Suite 204, Colleyville, TX 76034

Please submit separate checks for convention workshop and competition fees. Make checks payable to **Revive Dance Convention**. Photocopies of this form are acceptable. All competing dancers must be registered for the entire workshop to be eligible to compete. ALL ENTRY FORMS & FEES MUST BE POSTMARKED 30 DAYS BEFORE START OF CONVENTION. Entry is not valid until payment is received.

Studio Name: _____ Teacher Name: _____

Convention City: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____

NOTE: *SCHOLARSHIP WINNERS MUST ATTACH ORIGINAL CERTIFICATE*

2-DAY TUITION	EARLY / FULL	x	# of Paid Dancers	Total
Teachers	\$275 / \$300	x		
Discount Teachers**	\$0 / \$0	x		
Seniors (ages 16 +)	\$250 / \$270	x		
50% Off Scholarship Seniors	\$125 / \$135	x		
Full Ride Scholarship Seniors	\$0 / \$0	x		
Teens (ages 13-15)	\$250 / \$270	x		
50% Off Scholarship Teens	\$125 / \$135	x		
Full Ride Scholarship Teens	\$0 / \$0	x		
Juniors (ages 11-12)	\$250 / \$270	x		
50% Off Scholarship Juniors	\$125 / \$135	x		
Full Ride Scholarship Juniors	\$0 / \$0	x		
Minis (ages 8-10)	\$250 / \$270	x		
50% Off Scholarship Minis	\$125 / \$135	x		
Full Ride Scholarship Minis	\$0 / \$0	x		
Sparks (ages 5-7)	\$250 / \$270	x		
Full Ride Scholarship Sparks	\$0 / \$0	x		
Observers	\$50 / \$60	x		
Sub Total:				

**** TEACHER DISCOUNTS**

5-15 Students = 1 FREE	40-59 Students = 3 FREE
16-39 Students = 2 FREE	60 + Students = 4 FREE

1-DAY TUITION	EARLY / FULL	x	# of Paid Dancers	=	Total
Teachers	\$275 / \$300	x		=	
Seniors (ages 16 +)	\$150 / \$175	x		=	
Teens (ages 13-15)	\$150 / \$175	x		=	
Juniors (ages 11-12)	\$150 / \$175	x		=	
Minis (ages 8-10)	\$150 / \$175	x		=	
Sparks (ages 5-7)*	\$75 / \$95	x		=	
Observers**	\$50 / \$60	x		=	

* Sparks Tuition prices includes one Observer wristband
 ** Observers Includes Parent classes

Sub Total:	
Discounts:	
Grand Total:	

Please print names of all dancers registering, attach additional sheet if necessary:

Name	Birthdate	M/F	Age Division SP, MI, JR, TN, SR or Teacher	Check if Dancer has Scholarship
1.	/ /			<input type="checkbox"/>
2.	/ /			<input type="checkbox"/>
3.	/ /			<input type="checkbox"/>
4.	/ /			<input type="checkbox"/>
5.	/ /			<input type="checkbox"/>
6.	/ /			<input type="checkbox"/>
7.	/ /			<input type="checkbox"/>
8.	/ /			<input type="checkbox"/>
9.	/ /			<input type="checkbox"/>
10.	/ /			<input type="checkbox"/>
11.	/ /			<input type="checkbox"/>
12.	/ /			<input type="checkbox"/>
13.	/ /			<input type="checkbox"/>
14.	/ /			<input type="checkbox"/>
15.	/ /			<input type="checkbox"/>
16.	/ /			<input type="checkbox"/>
17.	/ /			<input type="checkbox"/>
18.	/ /			<input type="checkbox"/>
19.	/ /			<input type="checkbox"/>
20.	/ /			<input type="checkbox"/>

ACCOMODATIONS	YES	NO	NUMBER OF ROOMS
Are you staying in host hotel:			

Payment Info: Credit Card #: _____

Exp Date: _____ CVC Code: _____ Check # _____

I, the undersigned, have the authority to sign this release on behalf of all the persons registered above and/or attached for this convention. I have read and agree to all the rules and regulations of Revive Dance Convention. Revive, its instructors, the convention site, and the hotel are not liable for any loss/damage of personal property or personal injury of those participating or attending. I also authorize Revive to use images of the registered parties for advertising purposes.

Signature Required: _____

Date: _____