

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: ADRENALINE DANCE: 7334 Whitehall St., Richland Hills, TX 76118

Please submit separate checks for convention workshop and competition fees. Make checks payable to **Adrenaline 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)	\$175 / \$195	x		
Full Ride Scholarship Sparks	\$0 / \$0	x		
Observers	\$50 / \$60	x		
Sub Total:				

**	
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		=	

	Sub Total:	
	Discounts:	
	Grand Total:	

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

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	
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"/>

Check if Dancer has Scholarship

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 Adrenaline Dance, Inc., Adrenaline Dance Inc., 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 Adrenaline Dance to use images of the registered parties for advertising purposes.

Signature Required: _____

Date: _____