

ZDC Registration

Family Information

Parent/Guardian

Name: _____ Cell Phone #: _____

Email Address: _____

Participant Information

Please indicate age as of November 1, 2019.

Dancer Name: _____ **Age:** _____

Medical Concerns: _____

Level: Junior (7-9) ___ Intermediate (10-12) ___ Teen (13-14) ___ Senior (15+) ___

Dancer Name: _____ **Age:** _____

Medical Concerns: _____

Level: Junior (7-9) ___ Intermediate (10-12) ___ Teen (13-14) ___ Senior (15+) ___

Dancer Name: _____ **Age:** _____

Medical Concerns: _____

Level: Junior (7-9) ___ Intermediate (10-12) ___ Teen (13-14) ___ Senior (15+) ___

Registration Fees:

Early Convention Registration	_____	X \$175 = \$ _____
General Convention Registration	_____	X \$225 = \$ _____
Early Teacher Registration	_____	X \$175 = \$ _____
General Teacher Registration	_____	X \$225 = \$ _____
Early Observer Pass	_____	X \$ 40 = \$ _____
General Observer Pass	_____	X \$ 50 = \$ _____
Total EMT to zirkadc1@telus.net		\$ _____

**EMT password is not required

Liability & Medical Releases: The participant and parents/guardians accept the responsibility for possible risk of injury and holds the Troyanda Society blameless in the event of injury before, during or after class, both within and outside of the places of instruction. The Troyanda Society is authorized to seek medical assistance for the dancer in the event Troyanda is unable to reach parents/guardians. Troyanda may use photos/videos taken during classes for advertising and promotion without compensation. Please list an emergency contact different from parent listed above.

Emergency Contact: _____ Phone: _____

I have read the terms & conditions attached to this registration contract and agree to be bound by them.

Parent/Guardian Signature

Date

ZDC 2019 Competition Entry

Dancer Information

Dancer's Name: _____

Email Address*: _____ Studio Name: _____

*This is the email address video links will be sent to

Participant Information

No.	Dancer One	Dancer Two	Dancer Three	Average Age	Genre
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Please have only (1) participant submit duet/trio entry to avoid duplication

Max. 2 solos per dancer – if space allows, additional solo entries will be accepted after Oct. 15

Age determined as of Nov 1 2019

Average Age – add all ages and divide by the number of dancers – DROP the decimal

Competition Entry Fees

Solo/Duet/Trio _____ X \$75 Early Registration = \$ _____

Solo/Duet/Trio _____ X \$125 Regular Registration = \$ _____

Total EMT to zirkadc1@telus.net \$ _____

Thank you for your participation! We look forward to an exciting and memorable weekend!