

# THE DROP OFF

## CONVENTION REGISTRATION

NO PHONE, FAX, OR EMAIL REGISTRATIONS

Applicant: \_\_\_\_\_

Contact Person (if not 18): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Studio / Organization: \_\_\_\_\_ Email Address: \_\_\_\_\_

Studio / Organization Address: \_\_\_\_\_

Studio / Organization Phone Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

| CATEGORIES  | EARLY REG | AFTER CUT-OFF | NUMBER OF PARTICIPANTS | Fee | TOTAL |
|---|-----------|---------------|------------------------|-----|-------|
| INTERMEDIATE<br>8-12 or 2-4 yrs. dance experience | \$105     | \$110         |                        |     |       |
| ADVANCED<br>13+ or 4+ yrs. dance experience       | \$105     | \$110         |                        |     |       |

### SCHEDULE

8:30am - 9:30am - Registration

9:30am - 10:00am - Intro

10:00am - 12:00pm - Classes

12:00pm - 1:00pm - Lunch

1:00pm - 5:00pm - Classes / Underground Worship Experience

### REGISTRATION TOTAL

Enclosed is my check for Registration fees.

(Please subtract teacher discount if applicable - See Registration page of website to calculate)

**Total:** \_\_\_\_\_

### ADDITIONAL INFORMATION

Please attach separate sheet of paper and list ALL students who will be attending. Please make sure to label each person according to category correctly in order for proper wristbands to be administered.

Liability Statement: I hereby release and hold Dance Revolution, the hotel facilities, the faculty, their agents, and staff harmless from any and all liabilities while participating in any and all activities:

**Signature:** (Required) \_\_\_\_\_

Please mail to: Dance Revolution, 2911 E State Hwy 114, Southlake, TX 76092