

# 2011-2012 Workshop Registration Form

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

**PHONE:** 866-695-4144

**FAX TO:** 817-354-5183  
(entry is not valid until payment is received)

Please submit separate checks for convention workshop and competition fees. 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 BY 30 DAYS BEFORE START OF CONVENTION.

Studio Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Convention City: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**\*SCHOLARSHIP WINNERS MUST ATTACH ORIGINAL CERTIFICATE\***

Age Category	Registration Fees				Total # Paid Dancers Registering	Additional # of Dancers w/Scholarships or Free Teachers	Total Dancers Entered	Total Registration Amount Due
	1-Day Registration Fee	2-Day Registration Fee	Add Late Fee \$10	Enter Total Registration Fee Here				
Teacher	\$250	\$250	\$10		X			=
Asst Teacher	\$135	\$225	\$10		X			=
Senior (16+)	\$125	\$185	\$10		X			=
Teen (13-15)	\$125	\$185	\$10		X			=
Junior (9-12)	\$125	\$165	\$10		X			=
Mini (5-8)	\$ 75	\$ 95	\$10		X			=
Observer	\$ 25	\$ 25	\$10		X			=
PAULA MORGAN TEACHER CERTIFICATION	Level 1 Mod 1 (Regionals) - <b>\$1250</b>		Level 1 Mod 2/3 (Nationals) - <b>\$1750</b>		Discounted Rate <b>\$2500</b>		=	
Sub Total:								
Grand Total:								

**\*\* Free Teachers:**  
10 - 15 paid students =  
2 free teacher admissions  
  
16 - 40 paid students =  
3 free teacher admissions  
  
41+ paid students =  
4 free teacher admissions

**Accommodations:**  
Are you staying in host hotel?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
# of rooms? \_\_\_\_\_  
  
*Be sure to mention Adrenaline Dance when booking.*

**Payment Info:**

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_ Check # \_\_\_\_\_

**Please print names of all dancers registering, attach sheet or use back if necessary:**

Name	Birthdate	M/F	Age Category MI, JR, TN, SR		Name	Birthdate	M/F	Age Category MI, JR, TN, SR
1. _____	__/__/__	_____	_____	<input type="checkbox"/>	11. _____	__/__/__	_____	_____
2. _____	__/__/__	_____	_____	<input type="checkbox"/>	12. _____	__/__/__	_____	_____
3. _____	__/__/__	_____	_____	<input type="checkbox"/>	13. _____	__/__/__	_____	_____
4. _____	__/__/__	_____	_____	<input type="checkbox"/>	14. _____	__/__/__	_____	_____
5. _____	__/__/__	_____	_____	<input type="checkbox"/>	15. _____	__/__/__	_____	_____
6. _____	__/__/__	_____	_____	<input type="checkbox"/>	16. _____	__/__/__	_____	_____
7. _____	__/__/__	_____	_____	<input type="checkbox"/>	17. _____	__/__/__	_____	_____
8. _____	__/__/__	_____	_____	<input type="checkbox"/>	18. _____	__/__/__	_____	_____
9. _____	__/__/__	_____	_____	<input type="checkbox"/>	19. _____	__/__/__	_____	_____
10. _____	__/__/__	_____	_____	<input type="checkbox"/>	20. _____	__/__/__	_____	_____

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: \_\_\_\_\_