

2010 Nationals Workshop Registration Form

FAX TO: 817-354-5183

(entry is not valid until payment is received)

MAIL TO: ADRENALINE DANCE

475 W. Southlake Blvd., Southlake, Texas 76092

Please submit separate checks for convention workshop and completion fees.

Photocopies of this form are acceptable. Refer to Nationals Brochure Workshop rules and regulations for more information. All competing dancers must be registered for the entire workshop to be eligible to complete.

ALL ENTRY FORMS AND FEES MUST BE POSTMARKED BY JUNE 5, 2010.

Studio Name: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

SCHOLARSHIP WINNERS MUST ATTACH ORIGINAL CERTIFICATE

Age Category	Registration Fee		Type Your Registration Fee Here	Total # Dancers Registering	Additional # of Dancers		Total Dancers Entered		Total Registration Amount Due
	Before Deadline	After Deadline			With Scholarships	Free Teachers**			
EXAMPLE: Senior	\$325	\$335	\$325	X	20		26	=	\$6,500
Teacher	\$375	\$485		X				=	
Asst Teacher (15+)	\$375	\$385		X				=	
Senior (16+)	\$340	\$375		X				=	
Teen	\$340	\$375		X				=	
Junior (15+)	\$320	\$375		X				=	
Mini (5-8)	\$195	\$275		X				=	
Observer	\$40	\$40		X				=	
Sonya Tayeh Favorites Show	\$25	\$50	Ticket Price	X	How Many			=	
GALA TICKETS	\$85	\$100						=	

Gala Choices: _____ Chicken _____ Beef _____ Fish *Please indicate how many of each meal choice.*

**** 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

Sub Total: _____
 3% Credit Card Fee if Over \$1000: _____
 Grand Total: _____

Payment Info: Check # _____ Credit Card #: _____ Exp Date: _____

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

Name	Age Category	Age	Name	Age Category	Age
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			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., 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: _____

2010 Nationals Competition Registration Form

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Pre-qualifying: Studios may pre-qualify as many numbers as they would like, however, entries are accepted on a first-come, first-serve basis and will be limited to the time available. If you are pre-qualifying numbers, please complete both columns below for the Pre-qualifying and Nationals competition. Solos and Duet/Trios do not have to pre-qualify. PLEASE INDICATE BELOW IF YOU ARE AN ADRENALINE DANCE CREW MEMBER WISHING TO COMPETE FOR MR. or MISS ADRENALINE NATIONAL TITLE BY COMPETING YOUR SOLO.

ALL ENTRY FORMS AND FEES MUST BE POSTMARKED BY JUNE 5, 2010.

Studio Name: _____

Contact Person: _____ Choreographer: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Name of Number: _____

Which Competition (check one) Mr/Miss Adrenaline Nationals Solo Nationals Duo/Trio
 Nationals Small Group Nationals Large Group Nationals Line/Production

Age Division

- Average Age= _____
- Mini (ave age 8 & under)
- Junior (ave age 9-12)
- Teen (ave age 13-15)
- Senior (ave age 16-18)
- Adult/Teacher (ave age 19+)
- ADC Member/City: _____
 (ADC=Adrenalind Dance Crew)

Performance Category

- Tap Jazz Contemporary
- Lyrical Ballet
- Hip Hop Musical Theater
- Open (combination of dance style not listed)
- This number pre-qualified in _____ (city)
- This number was awarded Best of Show Finalist in _____ (city) and is eligible to compete for free.

Competition Category	Pre-Qualify Entry Fee	Enter Pre-Qualify Entry Fee	Number of Dancers		Sub Total	Nationals Final Fee	Number of Dancers	Sub Total	TOTAL
Solo	N/A	N/A	X	N/A	=	N/A	X	=	
Duo/Trio	N/A	N/A	X	N/A	=	N/A	X	=	
Small Group (4 - 9 dancers)	\$25		X		=	+	\$30	X	=
Large Group (10 - 16 dancers)	\$25		X		=	+	\$30	X	=
Line (17+ dancers)	\$25		X		=	+	\$30	X	=
Production (25+ dancers)	\$25		X		=	+	\$30	X	=

Payment Info: Check # _____
 Credit Card #: _____
 Exp Date: _____

Sub Total: _____
 5% Late Fee (after June 5): _____
 3% Credit Card Fee if Over \$1000: _____
 Grand Total: _____

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

Name	Age Category	Age	Name	Age Category	Age
1.			11.		
2.			12.		
3.			13.		
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