



Registration Form

Student Name _____

Male ____ Female ____ Age _____

Home Studio _____

Parent Name _____

Address _____

City _____ State _____

Zip Code _____

Phone # (_____) _____

Parent Cell # (_____) _____

Email _____

Parent Signature _____

IF PAID IN FULL BY JUNE 30TH

2-day Convention

____ Seniors (15+) \$125

____ Teen (12-14) \$125

____ Juniors (9-11) \$125

____ Petite (7-8) \$85

IF PAID IN FULL JULY 1ST-AUGUST 1ST

2-day Convention

____ Seniors (15+) \$150

____ Teen (12-14) \$150

____ Juniors (9-11) \$150

____ Petite (7-8) \$105

Solo Dance Competition

Sunday, August 1st 5:30 pm

____ Solo (2 min maximum time) \$30

Category: (circle one)

Ballet Tap Jazz Lyrical Contemporary Open

Level: (circle one) Intermediate Elite

T-Shirts (one shirt is included with registration)

Child: M ____ L ____

Adult: S ____ M ____ L ____ XL ____

Mandatory Insurance Information & Release Form

Insurance Co. _____

Policy # _____

Group # _____

Name of Policy Holder/Insured:

*I hereby give my permission to **MOVE '10** personnel to authorize any emergency medical treatment that may be required by the above named participant during the **MOVE '10** from August 1st-2nd, 2010. I understand that I am responsible for any and all charges as a result of such care or medical treatment.*

*I release and hold Dancin' Off Broadway, convention faculty, and Northland Inn and Conference Center harmless from any and all liabilities while the above named participant is traveling to or from, attending, and performing at **MOVE '10**.*

Participant's Signature:

Parent's Signature: (if participant is insured under them)

Date: _____

Payments: Credit Card or Enclosed Check

_____ - _____ - _____

Exp.: ____/____ **CVC #:** _____

Return this form and payment to:

**Dancin' Off Broadway
Attn: Jackie Noetzelman
111 Donna Ave Suite #2
Alexandria, MN 56308**

*Schedule and instructors are subject to change.