

THE DROP OFF

CONVENTION REGISTRATION

NO PHONE, FAX, OR EMAIL REGISTRATIONS

Applicant: _____

Contact Person (if not I8): _____

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 8-12 or 2-4 yrs. dance experience | \$100 | \$105 | | | |
| ADVANCED 13+ or 4+ yrs. dance experience | \$100 | \$105 | | | |

| SCHEDULE |
|--|
| 8:30am - 9:30am - Registration |
| 9:30am - 10:00am - Intro |
| 10:00am - 12:30pm - Classes |
| 12:30pm - 1:30pm - Lunch |
| 1:30pm - 4:00pm - Classes |
| 4:00pm - 6:00pm - Dinner |
| 6:00pm - Finale / 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