



STUDIO REGISTRATION FORM

Event: _____ Studio Name: _____

Contact / Studio Owner: _____ Address: _____

Studio Phone: _____ Cell Phone: _____

Email: _____

1. List the Dancers Please insert **J (junior 6-10) I (inter11-14) S (senior 15-18)**

	Name	Level		Name	Level
01			21		
02			22		
03			23		
04			24		
05			25		
06			26		
07			27		
08			28		
09			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

2. Calculate the number of spectators: _____

Only Audience spectators are welcome to participate in the judging of the Rivalry.

3. Multiply the total number of dancers by the appropriate fees.

	30 Days Before Deadline	After Deadline	Quantity	Total
All Dancers Juniors, Inters, Seniors	\$125.00	\$150.00		
The Audience Spectators	\$20.00	\$40.00		
Teachers and Directors Maximum (2 per studio) Are welcome to attend free of charge.	Free	\$150.00		
Additional Teachers (up to 3 per studio)	\$75.00	\$150.00		

Total Audience Workshop Fees \$ _____

Studio Directors are invited to enjoy a free lunch and will receive a welcome gift basket full of teacher goodies and gifts. Please RSVP by emailing theaudiedancerivalry@gmail.com no later than 2 weeks prior to the event to enjoy your teacher benefits.

4. Please have each parent or guardian sign our waiver. Waivers may be submitted at our registration desk the day of the event before the workshop starts.

5. Payment

Please send Cheque or E-Transfer to theaudiedancerivalry@gmail.com

Mail cheque to:

The Audience Dance Rivalry
PO Box 20060 Carville PO,
Concord, ON
L4K 0C0

I the undersigned, on behalf of all parties entered to this convention acknowledge and accept there are no refunds on any fees. NSF checks will be charged a 50.00 fee. I also acknowledge and authorize ADR to the use of recorded video and photography use for social media gathered at the event.

Authorized Signature: _____ Date: _____

For questions please Call Paula at 1 (647) 200-4997 or email theaudiedancerivalry@gmail.com