Drop Dance Intensive Workshop Registration form

Drop all registration forms off at:
Aloha Dance Studio
4469 Kolopa St. STE 101
Lihue, HI 96766
For questions call: 808-245-1810

Event City: Lihue, Kauai

PLEASE PRINT
Studio Name: _____

Contact Name: _____

Studio Owner's Name: _____

Address: _____

City,State,Zip: _____

Contact Phone: _____

Email: _____

1. Enter the total number of dances in each division.
2. The Free teachers discount is based on the amount of students a studio brings to the 2 day workshop.
   10-19 students = 1 free teacher
   20-29 students = 2 free teachers
   30-39 students = 3 free teachers
   And so on…
3. Multiply the total number of dancers by the appropriate fee and total. Multiply dancers by the first fee if you are postmarking your registration 30 days before the workshop.

DIVISION # OF DANCERS FEES TOTAL
(2 Day workshop)

Junior (7-12) _____X $180 / $220 = $ _____
Interm.(13-15) _____X $180 / $220 = $ _____
Seniors(16 +) _____X $180 / $220 = $ _____
Observers _____X $35.00 = $_____
Free Teachers_____ $0.00
Family Discount _____ -$20.00 each addit. _____
Total 2 Day Workshop Fees = $ _____

DIVISION # OF DANCERS FEES TOTAL
(1 Day workshop)

Junior (7-12) _____X $120 / $145 = $ _____
Interm.(13-15) _____X $120 / $145 = $ _____
Seniors(16 +) _____X $120 / $145 = $ _____
Observers _____X $35.00 = $_____
Family Discount _____ -$20.00 each addit. _____

Total1 Day Workshop Fees = $ _____

TOTAL WORKSHOP FEE = $_____

PLEASE LIST ALL DANCERS, TEACHER, AND OBSERVERS (birthdates not needed for observes)
Teachers can place students in higher levels based on ability and not age,
JR -junior INT.- intermediate SR. -senior T -teacher O -observ.

Please print clearly

NAME:	DOB	LEVEL	2 day	1 day

PAYMENT
Please make checks payable to DROP DANCE INTENSIVE
You may pay by credit card through Aloha Dance Studio.

Please check one:
I have enclosed a check payable to DROP DANCE INTENSIVE _____
I have authorized Aloha Dance Studio to run my credit/debit _____

I, the undersigned, on behalf of all parties entered in this workshop, authorize Drop Dance Intensive the use of their image in photos and videos for advertising purposes. I understand that Drop Dance Intensive, its faculty, staff, the convention site and the hotel are not liable for personal injuries, loss of, or damage to personal property. Each student may refuse to participate in any activity. If there are any doubts as to a dancer's physical ability, please consult with your physician before participating. I also understand there are NO REFUNDS at anytime, for any reason.

_____
Authorized Legal Representative Date