SHINE
dance convention

www.ShineDanceConvention.com

(812)630-4418

REGISTRATION FORM

January 26th- 28th 2018

French Lick Resort and Casino

Studio Name: _____

Contact Name: _____

Studio Owner: _____

Street Address: _____

City, State & Zip: _____

Day Time Phone: _____

Cell Phone: _____

Email Address: _____

Workshop Levels and Rates

Register by December 1st to receive a Discounted Rate.

Level	Before Dec. 1st/ After Cut Off
Mini Stars (Age 4-7)	$95/$110
Junior Stars (Age 8-12)	$195/$210
Senior Stars (Age 13 & up)	$195/$210
Asst. Teachers (Minimum Age 16)	$ 215/$230
Teachers	$ 215/$230
Observers (Must Have Registered Dancer)	$35

Teachers Discount

The Teachers Discount is based on the total amount of students.
(When calculating totals, do not include observers)

Bring 6-14 students	1 Free teacher
Bring 15-29 students	2 Free Teachers
Bring 30-59 students	3 Free Teachers
Bring 60 or more students	4 Free Teachers

DIVISION	Total #/ Fee /Total
Mini Stars (Reg. by Dec. 1st)	____ x $95 = ____
Mini Stars (After Dec. 1st)	____ x $110 = ____
Junior Stars (Reg. by Dec. 1st)	____ x $195 = ____
Junior Stars (After Dec. 1st)	____ x $210 = ____
Senior Stars (Reg. by Dec. 1st)	____ x $195 = ____
Senior Stars (After Dec. 1st)	____ x $210 = ____
Asst. Teacher (Reg. by Dec. 1st)	____ x $210 = ____
Asst. Teacher (After Dec. 1st)	____ x $230 = ____
Teachers (Reg. by Dec. 1st)	____ x $215 = ____
Teachers (After Dec. 1st)	____ x $230 = ____
Observer	____x $35 = ____
Teachers (Free with Discount)	____ x free = ____

Total # of Studio Participants _____

TOTAL Studio FEES= _____

Please List ALL Dancers. Teachers & Observers

Name	*Birthdate*	*Level*

Wavier must be completed by all participants/parent/ legal guardians & Returned to Shine Dance Convention administration prior to the start of the event date.

PAYMENT

Send Studio Check, Money order, or enclose Credit Card info.
Entry Fees are Non-Refundable.

- ☐ I have enclosed check or money order payable to SHINE DANCE CONVENTION.
- ☐ Please Charge my Credit Card:

Name on Card: _____
Card Number: _____
Exp. Date: _____
Amount: _____
Signature: _____
Billing Address: _____
_____

I, the undersigned, on behalf of all parties entered in this workshop and convention represent, acknowledge and accept there are no refunds on any fees, for any reason, other that the event being cancelled by Shine Dance Convention and Dance Central Academy of Performing Arts, LLC. I also understand that all checks returned from financial institutions will incur an additional $35 charge. All credit card reversals will incur an additional 3 % of the original invoice or the maximum permitted by state law. Future payment will only be accepted by cashier's check or money order. I understand that my studio's participation authorizes Shine Dance Convention and Dance Central Academy of Performing Arts, LLC the use of recorded footage and photographs in any way possible. I have read and agree to abide by all rules and regulations for Shine Dance Convention and those outlined on the participant wavier. I also understand that it is my responsibility to gather and submit all signed waivers from the participants registered on my behalf.

_____
Signature of Studio Owner Date