

SHINE

dance convention

REGISTRATION FORM

January 18-20th 2019

French Lick Resort and Casino

Studio Name: _____
 Contact Name: _____
 Studio Owner: _____
 Street Address: _____
 City, State & Zip: _____
 Day Time Phone: _____
 Cell Phone: _____
 Email Address: _____

Name	Birthdate	Level

Workshop Levels and Rates
 Register by December 1st to receive a Discounted Rate.

Level	Before Dec. 1 st / 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

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 (3% fee for Transaction):

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

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. 1 st)	_____ x \$95 = _____
Mini Stars (After Dec. 1 st)	_____ x \$110 = _____
Junior Stars (Reg. by Dec. 1 st)	_____ x \$195 = _____
Junior Stars (After Dec. 1 st)	_____ x \$210 = _____
Senior Stars (Reg. by Dec. 1 st)	_____ x \$195 = _____
Senior Stars (After Dec. 1 st)	_____ x \$210 = _____
Asst. Teacher (Reg. by Dec. 1 st)	_____ x \$210 = _____
Asst. Teacher (After Dec. 1 st)	_____ x \$230 = _____
Teachers (Reg. by Dec. 1 st)	_____ x \$215 = _____
Teachers (After Dec. 1 st)	_____ x \$230 = _____
Observer	_____ x \$35 = _____
Teachers (Free with Discount)	_____ x free = _____
Total # of Studio Participants _____	
TOTAL Studio FEES= _____	

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 than 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 LLC 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 waiver. I also understand that it is my responsibility to gather and submit all signed waivers from the participants registered on my behalf.

Please List ALL Dancers. Teachers & Observers

Signature of Studio Owner _____ Date _____

