

registration form

I Am Teacher Studio Owner Parent/Guardian Other: _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Studio/School Name _____

Phone: Home _____ Studio _____

Fax _____ E-mail _____

Will you be staying at the hotel? Yes No If yes how many rooms will you reserve? _____

	Attendees	Amount	Total Tuition
Teachers - Studio Owners - Managers (T)	_____ x _____	= _____	_____
Assistant Teachers (AT) 18 & up	_____ x _____	= _____	_____
Advanced (A) 16 & up	_____ x _____	= _____	_____
Intermediate (I) 14 & up	_____ x _____	= _____	_____
Students (S) 10 - 13	_____ x _____	= _____	_____
Minis (M) 8 - 10	_____ x _____	= _____	_____
Petite (P) 5 - 7	_____ x _____	= _____	_____
One Day <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	_____ x _____	= _____	_____
Observers	_____ x _____	= _____	_____

TOTAL REGISTRATION AMOUNT ENCLOSED _____

(For additional registrations, please photocopy.)

Chicago Dance Connection and Convention Hotels are not liable for injury or personal property.

Authorized Signature (REQUIRED): _____

Payment Method: Check (All returned checks will be charged \$25.00 fee) Visa Mastercard

Card # _____ 3-Digit Code: _____ Exp. Date: _____

Name On Card/Signature: _____

Registration Fees Total: \$ _____ Competition Fees: Total: \$ _____ Total Amount Enclosed: \$ _____

REGISTRATION FEES ARE NON-REFUNDABLE



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F: 847.890.6332

www.chicagodanceconnection.com

NAME	LEVEL	D.O.B
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____