



MASTERCLASS REGISTRATION FORM

STUDIO NAME: _____ STUDIO PHONE #: _____

ADDRESS: _____ HOME PHONE #: _____

CITY: _____ POSTAL CODE: _____

FAX #: _____ STUDIO EMAIL ADDRESS: _____

TEACHER'S SIGNATURE: _____

**LIST ALL STUDENTS NAMES WHO ARE PARTICIPATING IN THE CATEGORY CHECKED.
CHECK ONLY ONE CATEGORY PER ENTRY FORM \$25.00 per entry**

- JR. BALLET INT. BALLET SR. BALLET JR. CONTEMPORARY/MODERN
 INT. CONTEMPORARY/MODERN SR. CONTEMPORARY/MODERN JR. JAZZ INT. JAZZ
 SR. JAZZ JR. TAP INT. TAP SR. TAP JR. STAGE INT. STAGE SR. STAGE
 JR. HIP HOP/STREET DANCE INT. HIP HOP/STREET DANCE SR. HIP HOP/STREET DANCE

STUDENT'S LAST NAME	FIRST NAME	PHONE NUMBER	BIRTHDATE (D/M/Y)	ENTRY FEE
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The studio/teacher acknowledge and agree that they have parent/guardian authorization for this application and its contents. In registering and signing this form, applicant(s) acknowledge and agree that they are giving their consent that photographs taken of participants/students/dancers may be used by the Society for promotional, and fund raising purposes, may be released to the media and remain the property of the Society

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