

STUDIO NAME:_

GROUP ENTRY FORM

STUDIO PHONE #:

ADDRESS	S:	HOM	E PHONE #:		_			
CITY:		POSTAL CODE:						
FAX #:	FAX #:STUDIO EMAIL ADDRESS:							
TEACHE	R'S SIGNATURE:							
througPositiveEntry	D per dancer. Entries close DEC th JANUARY 15th will be asservely no entries will be accepted forms must be accompanied by crey Festival of Dance: Mailing	ssed an additional fee of tw l after JANUARY 15th. entry fee in the form of e-t	renty-five dollars (\$25.00 ransfer, money order, or)) per entry. cheque, payable to:	_			
			NAL □TAP & STAG NANCE □ ADULT DANCE CATEGOR	Y				
CLASS #	GROUP DANCE TITLE	STUDENT'S LAST NAME	FIRST NAME	BIRTHDATE (D/M/Y)	ENTRY FEE			

The studio/teacher acknowledges and agrees 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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CLASS #	GROUP DANCE TITLE	STUDENT'S LAST NAME	FIRST NAME	BIRTHDAY (D/M/Y)	ENTRY FEE
		TOTAL GR	OUD FEES		\$

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