2016-2017 WORKSHOP FORM

ART OF MOVEMENT
DANCE CONVENTION

MAIL TO:
1900 E 27th ST #104
Signal Hill, CA 90755

ONLINE REGISTRATION:
ARTOFMOVEMENT.DANCE

CALL:
562.275.2032

PLEASE PRINT

EVENT CITY _____

STUDIO NAME _____

CONTACT NAME _____

STUDIO OWNER'S NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

1. Enter the total number of dancers in each division.
2. Complimentary Teacher Discount is based on the amount of dancers a studio brings. **This does not include scholarship recipients.**
   5-19 dancers = 1 Comp. Teacher 20-34 dancers = 2 Comp. Teachers
   35-49 dancers = 3 Comp. Teachers 50 dancers = 4 Comp. Teachers

Studios with 60 or more paying students receive a free hotel room Friday and Saturday nights. AOM will make your reservation.

Free room reservation name: _____

3. Multiply the total number of dancers by their corresponding age division fee, If registering 30 days prior to event apply the Early Tuition Rate.

DIVISION	#OF DANCERS	TUITION	TOTAL
Teacher (19+)		X $150	= $
Comp. Teacher		X $0	
Seniors (16-18)		X $225/$275	= $
Sr. w/ Scholarships		X $0	
Teens (13-15)		X $225/$275	= $
Tn w/ Scolarships		X $0	
Juniors (10-12)		X $225/$275	= $
Jr w/ Scholarships		X $0	
Minis (7-9)		X $200/$250	= $
Minis w/ Scholarships		X $0	
Newbies (4-6)(2days)		X $125/$175	= $
Observers		X $40	= $

TOTAL WORKSHOP FEES = $ _____

***Full rates will be automatically applied if postmarked less than 30 days prior to event date.**

LIST ALL DANCERS, TEACHERS, AND OBSERVERS
N=Newbie **M**=Mini **J**=Junior **TN**=Teen **SR**=Senior **T**=Teacher **O**=Observer
All workshop and scholarship ages are as of January 1, 2017.

NAME	BIRTHDATE	LEVEL	CHECK IF ON SCHOL.
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PAYMENT
Please send one check for all fees including: Workshop, Group Showcase & Solo Competition. Entry fees are non-refundable. Bank money orders in US funds ONLY.

☐ I have enclosed a check or money order in US dollars payable to: **ART OF MOVEMENT**

☐ Charge my credit card

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Name on Card _____

Card Number _____

Exp. Date _____

Amount _____

Signature _____

Billing Address _____

_____

I, the undersigned, on behalf of all parties entered in this workshop and showcase/competition represent, acknowledge and accept that there are no refunds on any fees, other than the event being canceled by Art of Movement. I also understand that all checks returned from bank will incur an additional $35 charge. All credit card reversals will incur an additional 2.5% charge of the original transaction. If outstanding invoices are sent to an outside collections agency, the invoice will incur an additional 25%of the original invoice or the maximum permitted by state law. Future payments will only be accepted by cashier's check or money order. I understand that my studio's participation authorizes Art of Movement the use of recorded footage for promotions. I have read and agreed to follow all the rules and regulations outlined in the brochure and on the participant waiver which I collect and submit all signed waivers.

I have read and shared the convention policies with my dancers and observers.

_____
Authorized Legal Representative **Date**