

# DANCEMAKERS ATTENDEE Information Form page one

APPLICANT NAME \_\_\_\_\_ STUDIO NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDIO PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

## DANCER INFORMATION

NAMES OF DANCERS (please print) GENDER AGE DOB

	NAMES OF DANCERS (please print)	GENDER	AGE	DOB
1		M F		/ /
2		M F		/ /
3		M F		/ /
4		M F		/ /
5		M F		/ /
6		M F		/ /
7		M F		/ /
8		M F		/ /
9		M F		/ /
10		M F		/ /
11		M F		/ /
12		M F		/ /
13		M F		/ /
14		M F		/ /
15		M F		/ /

**NASHUA, NH  
August 2, 2009**

**Competition Registration**

**Cut-off Date: 7/10/09**

(All entries must be received and paid by this date for discount)

**Hotel: Radisson Hotel Nashua  
11 Tara Blvd.  
Nashua, NH 03062**

**Hotel Phone: 603-888-9970**

**Special Hotel Rate: S/D/T/Q \$104**

**Special Hotel Rate Cut-off Date: 7/10/09**

**PLEASE INCLUDE:**

- All of the names of attending participants.
- Category of Attendee.
- Pre-Registration of all Observers.
- All Birthdates for everyone EXCEPT Teachers and Observers.
- A Photocopy Sheet of this form with additional names if needed.

Credit cards and checks may be used when registering online. When paying by check, call the office for directions. Registration is not guaranteed until payment is received. Camp DanceAdventure, Junior, Senior, Teacher and Observer registrations will be closed if maximum capacity is reached, which may happen before cut-off date. There are NO REFUNDS...NO EXCEPTIONS.

\*Save \$50 Processing fee by registering on-line at [www.DanceMakersInc.com](http://www.DanceMakersInc.com)

Category	Number Registering	Total Fee
Duo/Trio \$32 per routine/per dancer (\$37 after cut-off)	_____	\$ _____
Group \$27 per routine/per dancer 4-8 Dancers (\$32 after cut-off)	_____	\$ _____
Line \$22 per routine/per dancer 9-16 Dancers (\$25 after cut-off)	_____	\$ _____
Production \$20 per routine/per dancer 17 or more (\$23 after cut-off)	_____	\$ _____
<b>Totals</b>	_____	\$ _____

Teachers, Assistants and Students MAY NOT register for observer prices – regardless of reason – NO EXCEPTIONS. A one day observer's fee of \$25. will be available at registration at the workshop only.

PAYMENT METHOD:  Check  Visa  MC  Discover  American Express

Card #: \_\_\_\_\_ exp. \_\_\_\_\_

Name on card: \_\_\_\_\_ CVC #: \_\_\_\_\_

Signature: \_\_\_\_\_

CONVENTION Fees Total: \$ \_\_\_\_\_

COMPETITION Fees Total: \$ \_\_\_\_\_

Grand Total: Check \$ \_\_\_\_\_ Credit Card \$ \_\_\_\_\_

All forms and payments must be RECEIVED by the end of the day on July 10, 2009 for discounted prices. Competition registrations will not be accepted after July 10, 2009. Make checks payable to DanceMakers, Inc.

# STARMAKER COMPETITION *Registration Form* page two

STUDIO NAME \_\_\_\_\_

**NASHUA, NH**  
**August 2, 2009**

## DANCER INFORMATION FORM

**TEACHERS PLEASE OBSERVE THE FOLLOWING:**

- Each competition number must be entered on a separate competition form—please photocopy.
  - Proof of age for each dancer competing must be brought to the convention and provided upon request.
- Do not send or fax this information to the office.**

**NAME OF ROUTINE:** *(Please print)*

\_\_\_\_\_

**DIVISION**

- Camp Dance Adventure (3 to 5 years)
- Junior (6 to 10 years)
- Teen (11 to 14 years)
- Senior (15 and older)

**CATEGORY**

- Solo (2:45 time limit)
- Duo/Trio (2:45 time limit)
- Group (4-8 Dancers • 3:00 time limit)
- Line (9-16 Dancers • 3:00 time limit)
- Production (17 or more • 6:00 time limit)

**ROUTINE TYPE**

- Ballet
- Jazz
- Tap
- Lyrical
- Hip Hop
- Variety

NAMES OF DANCERS <i>(please print)</i>	GENDER	AGE
1	M F	
2	M F	
3	M F	
4	M F	
5	M F	
6	M F	
7	M F	
8	M F	
9	M F	
10	M F	
11	M F	
12	M F	
13	M F	
14	M F	
15	M F	
16	M F	
17	M F	
18	M F	
19	M F	
20	M F	

1) Combine the **AGES OF ALL PARTICIPATING DANCERS** (by adding them all together) and place the total in **BOX A**.

BOX A

2) Combine the **TOTAL NUMBER OF PARTICIPATING DANCERS** and place the total in **BOX B**.

BOX B

3) Divide **BOX A** by **BOX B** and place the total in **BOX C**.  
ex. BOX A ÷ BOX B = BOX C

BOX C

PLEASE MAIL ALL FORMS TO:  
**P.O. BOX 1586, LAGUNA BEACH, CA 92652-1586**  
**FAX TO: 949.715.7403** (CREDIT CARDS ONLY)

Call us toll free at 1-866-443-5300 for help with this form.

### SIGNATURE REQUIRED

I have read and understand all of the above rules and regulations. This signature releases DanceMakers, Doug Shaffer, all employees, teachers and staff from any liability for any contracts, claims, liabilities, suits, actions, or damages of any kind regarding injuries or damages from any participation in DanceMakers Convention or Competition. I understand that all images from attending DMI can be available for publicity purposes including print, video and DVD.

Authorized legal representative's signature:

X \_\_\_\_\_

FORMS SUBMITTED WITHOUT SIGNATURE WILL NOT BE ACCEPTED.