Participation Form

South Open Dancesport Championships

Studio/Name _____
Street _____
City/State _____
Email _____

This Form is Very Important!
It must accompany all entry forms. Information provided will be utilized for ordering awards, reserving accommodations and seating as well as filing taxes. Please verify all information. Particularly, the spelling of each participant's name.
A $300 deposit per person is required to secure reservations.

Participant

Participant _____

Type ☐ Student ☐ Spectator ☐ Professional

If Professional, provide:

Name *(Legal)* _____

(Dance) _____

Home address _____

_____

Phone/Email _____

Social Sec. No. _____

NDCA,WDC,CDTA or USA # _____

Dates *Arrive* _____ *Depart* _____

Package Type: _____

☐ Local ☐ None ☐ Room only

Room ☐ Sgl ☐ Dbl

Roommate(s) _____

_____

Non-package holder tickets *(per session no.)*

___1 ___2 ___3 ___4 ___5
___6 ___7 ___8 ___9

Sign below if you agree to the release information.

Sign X _____

Participant

Participant _____

Type ☐ Student ☐ Spectator ☐ Professional

If Professional, provide:

Name *(Legal)* _____

(Dance) _____

Home address _____

_____

Phone/Email _____

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Dates *Arrive* _____ *Depart* _____

Package Type: _____

☐ Local ☐ None ☐ Room only

Room ☐ Sgl ☐ Dbl

Roommate(s) _____

_____

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_____

Phone/Email _____

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Dates *Arrive* _____ *Depart* _____

Package Type: _____

☐ Local ☐ None ☐ Room only

Room ☐ Sgl ☐ Dbl ☐ Trpl

Roommate(s) _____

_____

Non-package holder tickets *(per session no.)*

___1 ___2 ___3 ___4 ___5
___6 ___7 ___8 ___9

Sign below if you agree to the release information.

Sign X _____