Registration Form

Nov/16

20th Canadian National Convention - London, ON - July 19, 20, 21, 2018

Information Call 519-396-9877, 519-396-7228

Or Visit our Website at: www.squaredance.ca/2018 Email convention2018@squaredance.ca

Mailing Address (Please Print Clearly)

Dancer 1 Badge Name

Dancer 2 Badge Name

Street Address

City / Town Province / State

Country Postal / Zip Code

Area Code and Phone Number

Email Address

REGISTRATION FEES & BADGES

Quantity	Item	Fee	Total
	Registration See table below	*	
	Youth (under 17) See table below	*	
	Maple Leaf Badge	$7.50 each	
	2018 Bar	$4.00 each	
	Souvenir Book	$10.00 each	
	Round Dance Syllabus	$10.00 each	
		TOTAL	

*Fees per person	Adult	Youth
Jan. 01/16 – June 30/17	$115	$75
After July 01, 2017	$125	$75

Cheque or Money Order Payable to **"Convention 2018"**

OR. Credit Card Type: _____

Number: _____

Exp: Date: _____ Sec. Code CVV _____

Name on Card: _____

OR . Phone Credit Card Information to Lee Cox 519-396-7228

OR E-transfer to: peterpiazza1948@gmail.com

Registrations to: **Convention 2018**
c/o Lee Cox, 12 Anne Marie Crescent,
Kincardine, Ontario Canada N2Z 2M9

Dancing Level

(Please use one check mark for each registrant to indicate the desired dancing level. It is assumed that you will dance some higher and some lower)

Squares: BASIC ☐

MS ☐ Plus ☐ A1 ☐ A2 ☐ C1 ☐ C2 ☐

Rounds: Phase: II ☐ III ☐ IV ☐ V ☐ VI ☐

Contra ☐ **Line Dance ☐** **Clogging ☐**

Wheelchair ☐

Programming (Please check)

Callers, Cuers, and Leaders willing to take part will be contacted later with details. Please indicate level or levels you are willing to participate in.

Callers / Cuers Name _____

Partners Name _____

BAS ☐ MS ☐ Plus ☐ A1 ☐ A2 ☐ C1 ☐ C2 ☐

Phase: II ☐ III ☐ IV ☐ V ☐ VI ☐

Basic ☐ Intermediate ☐ Adv ☐

Please mark appropriate programs			Available		
Dance Form	**Call/Cue**	**Teach**	***Th***	***Fr***	***Sa***
Square					
Round					
Contra					
Line					
Clogging					
Wheelchair					

DEADLINE: January 1, 2018

???? Are YOU willing to participate as a:

Panelist / Clinic Member: yes _____ no _____

For Office Use Only

Date received: _____

Receipt number: _____

Payment method: _____

Amount Rec'd: _____

Refund/Cancellation Policy:

All cancellations must be in writing. Refunds are subject to a per person administration fee of 20%

After April 30, 2018 cancellations for extenuating circumstances will be considered on an individual basis.