



**Registration Form**  
**52nd Annual Convention - September 4th - 7th, 2020**  
**2020 Alberta Square & Round Dance Federation Convention**  
 Central Lions Rec Centre, 11113-113 St, Edmonton Alberta  
 Email: [convention2020@gmail.com](mailto:convention2020@gmail.com) / [www.communitydance.org](http://www.communitydance.org)



**Please Print Clearly**

\_\_\_\_\_  
 Dancer 1 Badge Name

\_\_\_\_\_  
 Dancer 2 Badge Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City/Town Province / State

\_\_\_\_\_  
 Country Postal / Zip Code

\_\_\_\_\_  
 Area Code & Phone Number

\_\_\_\_\_  
 Email Address to receive confirmation of registration

**DANCERS – PLEASE COMPLETE**

(Please indicate the desired dancing level. It is assumed you will dance some higher and some lower levels)

**Squares**

**Rounds**

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Basic      | <input type="checkbox"/> Phase 2 |
| <input type="checkbox"/> Mainstream | <input type="checkbox"/> Phase 3 |
| <input type="checkbox"/> Plus       | <input type="checkbox"/> Phase 4 |
| <input type="checkbox"/> Advance    |                                  |

- \_\_\_\_\_  
 Clogging     Line     Contra  
 Dancing for Fun

**REGISTRATION FEES** includes 2020  
 Convention name badge

*FEES per person	Adult	Youth
Before Apr 30, 2020	\$65.00	\$50.00
Before July 31, 2020	\$75.00	\$60.00
<b>AFTER</b> July 31, 2020	\$85.00	\$70.00

**REGISTRATION & BADGES**

Qty	Item	Fee*	Total
	Adults		
	Youth		
	AB Federation Badge	\$4.50	
	AB Federation 2020 Year Bar	\$2.50	
	<b>TOTAL</b>		

Cheque or Money Order Payable to  
**"Convention 2020"**

**Refund/Cancellation Policy:**

After July 31, 2020 cancellations for extenuating circumstances will be considered on an individual basis.

**CALLERS/CUERS & LEADERS –PLEASE COMPLETE**

**DEADLINE for leaders: April 30, 2020**

(Callers, Cuers, & 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: \_\_\_\_\_

Partner Name: \_\_\_\_\_

**Squares**

**Rounds**

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Basic      | <input type="checkbox"/> Phase 2 |
| <input type="checkbox"/> Mainstream | <input type="checkbox"/> Phase 3 |
| <input type="checkbox"/> Plus       | <input type="checkbox"/> Phase 4 |
| <input type="checkbox"/> Advance    |                                  |

- \_\_\_\_\_  
 Clogging     Line     Contra  
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**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_

Receipt number: \_\_\_\_\_

Payment method: \_\_\_\_\_

Bars: \_\_\_\_\_ Badges: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

MAILING ADDRESS: CDCDA Office  
 #6, 11109 – 95 Street  
 Edmonton, AB T5G 1K7