

Participation Form

Triple Crown Dance Sport Championships

Studio/Name _____

City/State _____

Cell/Work Pl. _____

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 (Home) _____

Social Sec. No. _____

NDCA, WDC, CDTA or USABDA # _____

Dates Arrive _____ Depart _____

Package A B C D

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 ___ 10

___ 11 ___ 12 ___ 13 ___ 14 ___ 15

Sign below if you agree to the release information.

Sign X _____

Participant

Participant _____

Type Student Spectator Professional

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(Dance) _____

Home address _____

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Dates Arrive _____ Depart _____

Package A B C D

Local None Room only

Room Sgl Dbl

Roommate(s) _____

Non-package holder tickets (per session no.)

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Name (Legal) _____

(Dance) _____

Home address _____

Phone (Home) _____

Social Sec. No. _____

NDCA, WDC, CDTA or USABDA # _____

Dates Arrive _____ Depart _____

Package A B C D

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 ___ 10

___ 11 ___ 12 ___ 13 ___ 14 ___ 15

Sign below if you agree to the release information.

Sign X _____