

REGISTRATION FORM:

Studio Name: _____

Studio Director: _____

Studio Address: _____

Studio Phone: _____ Fax _____

Instructor _____

Only Independent entries complete below section:

Name: _____

Address : _____

Contact Phone: _____



***Please provide an email address to receive the contest letter & schedule:**

ENTRY FEES:

(PLEASE NOTE: NO REFUNDS!)

SOLO \$75.00 x _____ = \$ _____

DUET/TRIO \$50.00 x _____ = \$ _____

SMALL GROUP \$30.00 x _____ = \$ _____
(4-9 performers)

LARGE GROUP \$30.00 x _____ = \$ _____
(10-19 performers)

LINE \$30.00 x _____ = \$ _____
(20 or more performers)

TOTAL ENTRY FEE \$ _____
+ REGISTRATION FEE \$45.00 per studio/entry

TOTAL AMOUNT ENCLOSED \$ _____

CREDIT CARD AUTHORIZATION

Charge Total \$ _____

Circle one:

VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD NUMBER:

EXPIRATION: _____ Billing Zip Code: _____

*Card member acknowledges receipt of goods and/or services in the amount of the total shown heron and agrees to perform the obligations set forth in the card member's agreement with the issuer.

CARD HOLDER NAME:

CARD HOLDER SIGNATURE:

***Please note that this form along with payment in full must be due by APRIL 1, 2012**