



FALL INTENSIVE WORKSHOP REGISTRATION FORM

FOR QUESTIONS CALL: 416-277-5161
EMAIL: info@breakingboundsdance.com

1. STUDIO DETAILS

STUDIO NAME _____

CONTACT NAME _____

STUDIO DIRECTOR'S NAME _____

ADDRESS _____

CITY, PROVINCE, POSTAL CODE _____

PHONE _____

CELL PHONE _____

EMAIL _____

2. REGISTRATION FEES FOR GROUP REGISTRATION

A) Enter the total number of Dancers and Teachers in each division:

MINI DANCERS	Full 2 Day: \$295 x _____	One Day: \$175 x _____
JUNIOR DANCERS	Full 2 Day: \$295 x _____	One Day: \$175 x _____
TEEN & SENIOR DANCERS	Full 2 Day: \$295 x _____	One Day: \$175 x _____
TEACHERS	Full 2 Day: \$295 x _____	One Day: \$175 x _____

B) Enter the total number of Scholarship Discounts and Observers:

SCHOLARSHIP DISCOUNT	\$150 Scholarship x _____
	\$75 Scholarship x _____
	\$50 Scholarship x _____
OBSERVER PASSES	Full 2 Day Pass: \$30 x _____
	One Day Pass: \$20 x _____

C) Calculate and enter the overall totals:

TOTAL WORKSHOP FEES \$ _____ PLUS 13% HST \$ _____

TOTAL FEES	\$
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3. PAYMENT DETAILS

All Registrations are Non-Refundable.
NSF Cheques are subject to a \$45 NSF Fee.
Registrations are only confirmed once payment has been received.

Please tick your preferred payment method:

- Cheque or Money Order.** Please make cheques payable to: Breaking Bounds Dance Inc.
- E-Transfer to:** breakingboundsdance@gmail.com
- Online by Credit Card at:** www.breakingboundsdance.com/fall-payment

SEND ONE CHEQUE OR MONEY ORDER ONLY; OR MAKE ONE E-TRANSFER OR ONLINE PAYMENT ONLY.

4. LIST ALL DANCERS, TEACHERS AND OBSERVERS

List in **alphabetical order**. For SCHOLARSHIP please tick if that participant has a Scholarship.

For LEVEL: Mini = M / Junior = JR / Teen = TN / Senior = S / Teacher = T / Observer = O

PARTICIPANT'S NAME	AGE	SCHOLARSHIP	LEVEL

5. READ AND SIGN THE DECLARATION

DISCLAIMER: Breaking Bounds Dance shall not be responsible or liable in any way for any loss, death, injury or damage to persons or property suffered or incurred by any person in connection with these events, this tour or any portion of it. Breaking Bounds Dance reserves the right to change, cancel or substitute dates, locations, classes and schedules; add or remove faculty members and prizes at anytime. Breaking Bounds Dance prohibits any videotaping of classes and choreography during the event. Breaking Bounds Dance reserves the right to use any photos, video footage or the like for publicity and marketing of the Breaking Bounds Dance events if so desired.

I have read, understood and shared the disclaimer with my teachers, dancers and observers:

Signature of Authorized Representative _____ Date _____

6. SEND US YOUR COMPLETED REGISTRATION FORM

MAIL TO:
Breaking Bounds Dance Inc,
3092 Preserve Drive,
Oakville, ON,
L6M 0T8

OR SCAN AND EMAIL TO:
breakingboundsdance@gmail.com
IF PAYING BY CHEQUE OR MONEY ORDER:
Mark with Studio & Event Name and mail to:
Breaking Bounds Dance Inc, 3092 Preserve
Drive, Oakville, ON, L6M 0T8