

REGISTRATION FORM

MOMENTUM 2019 FALL ACRO WORKSHOP | SUNDAY, OCTOBER 27

General Information

STUDIO NAME: _____
 TEACHER NAME: _____
 ADDRESS: _____
 CITY: _____ PROV: _____ POSTAL CODE: _____
 PHONE #: _____ eMAIL: _____

Event Information

Location: Creative Edge Dance Studio, 1160 Blair Rd #11, Burlington, ON

Time: 9:30am Registration, 10:00am to 2:00pm Classes

Instructor: Nancy Dinner

Level Requirements

Junior / Elementary: Students should be able to perform a cartwheel and a backbend with recovery

Intermediate / Seniors: Students should be able to perform both front and back walkovers

Schedule

Registration	All Levels	Teachers / Seniors
9:30 - 10:00	10:00-11:30 Warm up & Technique 11:30-1:00 Double Tricks	1:00-2:00 Spotting Technique for Teachers*

*Spotting Technique is FREE for registered senior students ages 16+

Fees Information

*****Workshop is FREE to teachers who register 10 students or more*****

EARLY BIRD PRICING ! Sign up early and save !!

(All paperwork and fees must be received in the office **BEFORE October 18th, 2019** to qualify for the discount)

Mail form along with cheque or money order to: PAEC 726 Parker Crescent, Burlington, ON L7R 3A3 (289) 983-1423, paec8385@gmail.com

We can also accept eTransfers !

	Student	PAEC Member Teacher	Non PAEC Member Teacher
Per Class	\$20.00	n/a	n/a
Full Day (3 hours)	\$45.00	n/a	n/a
EARLY BIRD: Full Day (3 hours)	\$40.00	n/a	n/a
Full Day (4 hours)	n/a	\$85.00	\$135.00
EARLY BIRD: Full Day (4 hours)	n/a	\$50.00	\$110.00

Payments by studio cheque or money order must be received along with registration form to secure registration. NO post-dated cheques please. The above rates include applicable taxes. Registrations are accepted on a first-come, first-served basis. No refunds. Spaces are limited. PAEC reserves the right to limit registration. PAEC reserves the right to cancel workshop due to insufficient registrations.

I, the undersigned on behalf of the parties registered fully understand that PAEC, the host venue, and our staff members and not liable for any personal injuries, loss, or damages sustained while attending the aforementioned event. I authorise PAEC the use of photographs and videography of the registered participants for advertising purpose.

Signature of representative

Date

Print Name

Fee Calculator

Category	Number	Price	Total
Student - per class		\$	\$
Student - full day		\$	\$
Student - full day (early bird)		\$	\$
Member teacher		\$	\$
Member teacher (early bird)		\$	\$
Non Member teacher		\$	\$
Non Member teacher (early bird)		\$	\$
		Grand Total	\$

Participants Information

Full name of participant	Age	Level	Classes
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Please photocopy or print extra pages to include all the participants.