



CONFERENCE REGISTRATION

REGISTER EARLY!

EVENT MAY SELL OUT!

Applicant/Studio Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____

Categories	Number of Participants	Fee:	Total
Studio Owner			
Teacher			
Administrator			
Lunch Q & A *Add On			

Event Information

August 6-8, 2021

Location: TBA

Registration Total

Enclosed is my check (or money order) for Registration.

Total: _____

Additional Information

Please attach a separate sheet of paper and list ALL the Studio Owners, Teachers and Administrators who will be attending.

Liability Statement: I hereby release and hold Dance Revolution, the hotel facilities, the faculty, their agents, and staff harmless from any and all liabilities while participating in any and all activities:

Signature (required): _____

Please mail to: Dance Revolution 2911 E State Hwy 114 Southlake, TX 76092