

## **Registration Form**

## 20<sup>th</sup> Canadian National Convention - London, ON - July 19, 20, 21, 2018

Information Call 519-396-9877, 519-396-7228

Or Visit our Website at: <a href="https://www.squaredance.ca/2018">www.squaredance.ca/2018</a>

Email convention2018@squaredance.ca

Mai	ling Address (l	Please Pr	int Clearly)	Dancing Level	
Dancer 1 Badg	e Name			(Please use one check mark for <u>each</u> registrant to indicate the desired dancing level. It is assumed that you will dance some higher and some lower)	
Dancer 2 Badg	e Name			Squares: BASIC   MS   Plus   A1   A2   C1   C2	
				DASIC LI WIS LI FIUS LI AT LI AZ LI CT LI CZ	ш
Street Address				Rounds: Phase:	
				Contra ☐ Line Dance ☐	
City / Town		Province	: / State	Wheelchair □	
Country		Postal / 2	Zip Code	Programming (Please check)	
Area Code and	Phone Number			Callers, Cuers, and Leaders willing to take part will be contacted later with details. Please indicate level or levels you are willing to participate in.  Callers / Cuers Name	
	REGISTRATION	I EEES & B/	NDGES	Partners Name	
	(TAB through fields			T difficis (valid	
Quantity	ltem	Fee	Total		<del></del>
	Registration See table below	*	\$0.00	Bit III III III III III III III III III I	_
	Youth (under 17) See table below	*	\$0.00		
	See table below		\$0.00	──	
	Maple Leaf Badge	\$7.50 eac	h	Please mark appropriate programs Available	
	2018 Bar	\$4.00 eac	\$0.00 h	Dance Form   Call/Cue   Teach   Th   Fr   S	a
Souvenir Book		\$10.00 ea	\$0.00 ch		_
		040.00	\$0.00		
	Round Dance Syllabus	\$10.00 ea	cn	Contra	_
	- <b>,</b>			Line	
		TOTAL	\$0.00	Wheelchair	Ш
		1		DEADLINE: January 1, 2018	
	er person	Adult	Youth		
Till – Dec.	31, 2015	\$100 \$115	\$75 \$75	???? Are YOU willing to participate as a:	
	h — IIIno 3(1)/1 /	¥115	w/h		

## \$125 After July 01, 2017

Cheque or Money Order Payable to "Convention 2018"

## Refund/Cancellation Policy:

All cancellations must be in writing. Refunds are subject to a per person administration fee of 20%

After April 30, 2018 cancellations for extenuating circumstances will be considered on an individual basis.

For Office Use Only		
For Office Use Only		
Date received:		
Receipt number:		
Payment method:		
Ribbons:	Badges	
Amount Rec'd:		

No 🗆

Panelist / Clinic Member: Yes

Registrations to: Convention 2018 c/o Lee Cox, 12 Anne Marie Crescent, Kincardine, Ontario Canada N2Z 2M9