



FCDA



DANCE COMPETITION REGISTRATION FORM

www. FCDA.net	239-596-6000 or 1-888 GOT FCDA	Area Rep: _____
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Team Information:

Name: _____

Address: _____

City,St,Zip _____

School Phone: _____

School Fax: _____

School Email: _____

**CENTRAL FLORIDA CHALLENGE
UNIVERSITY HIGH SCHOOL
ORLANDO, FLORIDA
November 23, 2008**

Competition Information:

List the division in which you will have teams competing along with the number of members in each performance. Divisions are listed on our website, examples (AllStar HipHop) (Sch Var Jazz)

DIVISION	# on team
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ number of participants @ _____ = _____

_____ number of crossovers* @ **\$39** = _____

TOTAL AMOUNT = _____

2nd FCDA event attending this season (-5%) = _____

3rd FCDA event attending this season (-10%) = _____

TOTAL AMOUNT DUE = _____

Coach/Sponsor Contact Information:

Name: _____

Address: _____

City,St,Zip _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax number: _____

Email: _____

EVENT PRICING:
 payment postmarked by September 22 - \$49 per participant
 payment postmarked by October 22 - \$54 per participant
 payment postmarked by November 14 - \$59 per participant
2 coaches are given free entry per team, this does not include solo, duet, or trio competitions.

* NOTE: Solo, Duet, and Trio Group competitors are not crossovers. Participants are considered a crossover only when going from dance to dance. You are not considered a crossover when going dance to cheer. Please note that the crossover policy can only be used within the same program. If a participant is competing with 2 different organizations (example: allstar & high school team) the crossover discount does not apply.

Checklist

- Send Completed Form along with payment to:
 By Mail: FCDA P.O. Box 151253 Cape Coral, FL 33915
 By UPS/FedEx: FCDA 130 SW 21st Lane Cape Coral, FL 33991
- Please send in ONE payment per organization. Individual checks will not be accepted.
 - payment postmarked by September 22- \$49 per participant
 - payment postmarked by October 22 - \$54 per participant
 - payment postmarked by November 14 - \$59 per participant
- All participants must have signed liability waivers /medical release (available on website).
- This form must be signed by coach / authorized contact.

Cancellations & Refunds

Full refunds are offered if cancellations in writing are received 30 days before the event, within 30 -14 days of the event, 50% of the total amount paid will be refunded, within 2 weeks of the event, no refund will be given. **I have read and agree to the Cancellations & Refunds policy above, I, my parents & my team will abide by the "FCDA code of conduct" which is posted in the FCDA website.**

Signature _____ Date _____