



**2012 PRAISE DANCE CONFERENCE
REGISTRATION**

*****EACH PARTICIPANT MUST COMPLETE THIS FORM*****

INFORMATION

Registration for: Bay Area Adult's Conference OR Bay Area Children's Conference OR Los Angeles Conference

Name _____

Organization _____

Personal Home Address _____
Street Unit # City State Zip

Home Phone _____ Cell Phone _____

Email _____ Age _____ Gender _____

WAIVER FORM

By signing this waiver release I hereby acknowledge, being of lawful age, do now release, acquit, and forever discharge Ross Dance Company and _____ (conference location) from all actions, claims, demands, or damages accruing to me resulting from any known or unknown injury, loss, or damage, sustained by me in an accident during my hours at the conference on _____ (date of conference). Also by signing this agreement I am giving Ross Dance Company permission to photograph and videotape me while I am present at the 2012 Praise Dance Conference without any payment to me now or in the future. These pictures or/and taping may be used in any Ross Dance brochures, websites, and other publicity uses that benefit Ross Dance Company.

Participant Print Name Participant's Signature Date

Guardian Print Name Guardian's Signature Date



PAYMENT INSTRUCTIONS

Please enclose a money order or cashier's check to Ross Dance Company or complete your credit card information below for the amount of your conference fee. We do not accept checks. After receiving registration form and payment you will receive a confirmation email.

Payment Includes the Following:

Adult Registers (w/o conference shirt) _____ X \$ _____ (fee) =

of Adult Registers (shirt included) _____ X \$ _____ (fee) =

of Sizes: *Small* _____ *Medium* _____ *Large* _____
XL _____ *XXL* _____

of Children Registers (w/o conference shirt) _____ X \$ _____ (fee) =

of Children Registers (shirt included) _____ X \$ _____ (fee) =

of Sizes: *Small* _____ *Medium* _____ *Large* _____
XL _____ *XXL* _____

| |
|-------------------------------|
| Grand Total = \$ _____ |
|-------------------------------|

PAYMENT METHOD

Money Order or Cashier's Check Enclosed for a TOTAL of \$ _____ payable to Ross Dance Company

OR

Please circle: VISA MASTERCARD

Name on Card _____

Card # _____

Last 3 Digits on Back of Card _____

Expiration Date: _____

Amount to be charged: \$ _____ + \$2.00 (Handling Fee Per Participant)



Card Holder Billing Address

Street Address: _____

City & State: _____

Zip Code: _____

Card Holder Address if different from the billing address

Street Address: _____

City & State: _____

Zip Code: _____

*By providing your signature you are giving Ross Dance Company authorization to charge the above amount to your credit card.

Signature: _____

Please mail forms and payment to Ross Dance Company P.O. Box 11311 Oakland, CA 94611. Thank You