

**REGISTRATION FORM**

**FOR May 5 & 6, 2017**

**WORKSHOP**

**NAME .....**

**ADDRESS.....**

.....

.....

**PHONE NUMBER .....**

**E-MAIL ADDRESS .....**

**INSTRUCTOR      YES      NO**

**WHAT LEVEL OF DANCE      BEGINNER    INTERMEDIATE    ADVANCED**

**HOW MANY ROOMS HAVE YOU BOOKED AT THE HAMPTON INN?.....**

**Lunch will be an assortment of sandwiches, wraps and Caesar salad, dessert, tea and coffee. Please indicate if you are a vegetarian.**

**By the act of submitting this form, the party signed below, as well as their heirs, executors and administrators, agree and are bound to hold the organizers of this Event and their agents harmless from all suits, claims and demands of every kind and character arising out of and in conjunction with this Event. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast, and/or distribution of any official Event videotape or photograph without limitations. I understand the physical risks of social dance and assume full responsibility for any injury or personal damages resulting from this workshop.**

**SIGNATURE.....**

**Make cheques payable to Shirley Robinson, 32 Shannon Street, Orillia, Ontario, L3V 7K4**

**HOTEL OF CHOICE: Hampton Inn & Suites, 74 Bryne Drive, Barrie, Ontario, L4N 9Y4, 705-719-9666 Code LIN**