COLLEGE DISCOUNT WORKSHOP FORM
2017-2018 REGIONALS

EMAIL TO:
info@jumptour.com

FOR QUESTIONS CALL:
818-432-4395

PLEASE PRINT

College/University _____

Event City _____

Contact Name _____

Address _____

City, State & Zip _____

Phone _____

Cell Phone _____

Email _____

STUDENTS MUST SUBMIT THEIR COLLEGE I.D. IN ORDER TO BE ELIGIBLE FOR THE COLLEGE DISCOUNT.

DIVISION	# OF ATTENDEES	RATE	TOTAL
Senior Room Only		$150 =	$
Seniors w/ Schol.			

TOTAL WORKSHOP FEES = $ _____

PAYMENT

Please send ONE check for all fees. There is no need to send separate checks for Workshop and Competition. Entry fees are non-refundable. No Canadian checks accepted. Bank money orders in US funds ONLY.

☐ I have enclosed a check or money order in US Dollars payable to: **JUMP DANCE CONVENTION.**

☐ Please charge my credit card

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

Name on Card _____

Card Number _____

Exp. Date _____

Amount _____

Signature _____

Billing Address _____

_____

I, the undersigned, on behalf of all parties entered in this workshop and competition represent, acknowledge and accept that there are no refunds on any fees, for any reason, other than the event being cancelled by Break The Floor Productions, LLC. I also understand that all checks returned from financial institutions will incur an additional $35 charge. All credit card reversals will incur an additional 2.5% charge of the original transaction. If outstanding invoices are sent to an outside collections agency the invoiced will incur penalties up to 25% of the original invoice or the maximum permitted by state law. Future payments will only be accepted by cashier's check or money order. I understand that my studio's participation authorizes Break The Floor Productions, LLC the use of the recorded footage in any way possible. I have read and agree to abide by all rules and regulations outlined in the brochure and on the participant waiver. I also understand that, it is my responsibility to gather and submit all signed waivers from the participants registered on my behalf.

I have read and shared the convention policies with my dancers and observers.

_____
Authorized Legal Representative **Date**

PLEASE LIST ALL DANCERS

PLEASE LIST ALPHABETICALLY BY LAST NAME

NAME	BIRTHDATE	SCHOL.	I.D. ATTACHED IN EMAIL
		☐	☐
		☐	☐
		☐	☐
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