WORKSHOP FORM
2016-2017 REGIONALS

MAIL TO:
JUMP DANCE CONVENTION
5446 Satsuma Avenue
North Hollywood, CA 91601

REGISTER ONLINE AT:
MyBreakTheFloor.com

FOR QUESTIONS CALL:
818-432-4395

PLEASE PRINT

Event City _____

Studio Name _____

Contact Name _____

Studio Owner's Name _____

Address _____

City, State & Zip _____

Phone _____

Cell Phone _____

Email _____

1. Enter the total number of dancers in each division.
2. The Free Teachers Discount is based on the number of students a studio brings. **When calculating the total number of free teachers, do not include scholarship recipients or observers.**

5-20 Dancers = **1 free teacher**	21-39 Dancers = **2 free teachers**
40-59 Dancers = **3 free teachers**	60+ Dancers = **4 free teachers**

3. The division labeled "Schol." is for those dancers who have received a JUMP regional scholarship. Please remember, regional JUMP scholarships were awarded to VIP Winners, not Runners-Up or Class Scholarship winners.
4. Multiply the total number of dancers by the appropriate fee and total. Multiply dancers by the first fee if you are postmarking your registration 30 days before the workshop.

DIVISION	# OF ATTENDEES	EARLY/ FULL	TOTAL
Teachers (18+)		x $290/ $340 =	$
Free Teachers			
Seniors (16-19)		x $245/ $295 =	$
Seniors w/ Schol.			
Teens (13-15)		x $245/ $295 =	$
Teens w/ Schol.			
Juniors (11-12)		x $245/ $295 =	$
Juniors w/ Schol.			
Minis (8-10)		x $245/ $295 =	$
Minis w/ Schol.			
JUMPstarts (5-7)*		x $175/$225 =	$
One Day JUMPstarts		x $105/ $130 =	$
One Day Dancer		x $165/ $190 =	$
One Day Teacher		x $190/ $215 =	$
Observers		x $40 =	$
Addl. JUMPstart Observer*		x $20 =	$

**Includes 1 JUMPstart Observer band. JUMPSTART Observers are for Parents of dancers Ages 5-7 registered in the JUMPstart room.*

TOTAL WORKSHOP FEES = $ _____

***Full Rates will automatically be applied if postmarked less than 30 days prior to the event date.**

Studios with **60 or more paying students** receive a free hotel room Friday and Saturday nights. JUMP will make the reservation with the hotel.

Free room reservation name: _____

PLEASE LIST ALL DANCERS, TEACHERS, AND OBSERVERS

JS=JUMPstart	**M**=Mini	**J**=Junior	**TN**=Teen	**S**=Senior	**T**=Teacher
O=Observer	**JO**=JUMPstart Observer				

PLEASE REMEMBER ALL WORKSHOP AND SCHOLARSHIP AGES ARE AS OF JANUARY 1, 2017

PLEASE LIST ALPHABETICALLY BY LAST NAME

NAME	BIRTHDATE	LEVEL	SCHOL.	ONE DAY
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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**