

Director's Name:	School or Group:				
Address:		Contact: ()		_
City, Zip:	E-mail:				
Confirmation, and fi	inal instructions will l	be e-mailed to the ab	ove e-mail	addres	SS.
Level of Group: □ Advanced	nced Intermediate Beginner Mascot/Elementary				
and con In order to qualify for this discount, yo payment must accompany this		egistration Disco TD Member. If not, a comp be received on or before Sat	unt!** oleted members urday, OCTOB	hip regis	
CADTD Member Students		# Attending	Price		
Teams Registering a TOTAL of	On or Before 10/26	<u>@</u>	\$35.00	=	<u> </u>
1-20 Dancers	After 10/26	<u>@</u>	\$40.00	=	
Teams Registering a TOTAL of	On or Before 10/26	@	\$30.00	=	
21-35 Dancers	After 10/26	<u>@</u>	\$35.00	=	
Teams Registering a TOTAL of	On or Before 10/26	(a)	25.00	=	
36-50 Dancers	After 10/26	@	\$30.00	=	
Teams Registering a TOTAL of	On or Before 10/26	<u>@</u>	20.00	=	
51 or more Dancers	After 10/26	<u>@</u>	\$25.00	=	<u> </u>
Directors or Coaches (not taking c	class)	@	FREE	=	_
	ust be received by October 19, 2 TON FORM ring after October 20, will need rance fee on the day of the conv ission.	to register the day of the con	vention, if space		
Please mail registration forms, medical releases an	nd navment to:				

Alison Wills 1221 E. Culver Ave. Orange, CA 92865

CADTD DANCE CONVENTION 2019 OCTOBER 26, 2019