

**PUPIL / DANCER
INFORMATION**



***CONVENTION FEE STRUCTURE ***

PUPILS / DANCERS

AGE CATEGORY	FEE (NO REFUNDS)	CLASSES Melanie tWitch Allison Jess (pending confirmation)	Christmas special  10 places only Register and pay before 23rd Dec 2011	Limited Early bird special Expires 31st Jan 2012 
8-11 yrs Juniors	R1400	6-8	R1000	R1200
12-15 yrs Inter	R1400	6-8	R1000	R1200
16 years +	R1400	6-8	R1000	R1200

Register immediately 10 places ONLY for "Christmas special" SOLD OUT

Register & pay before 31st January 2012 for LIMITED "early bird" special

THEATRE DANCE ASSOCIATION Banking Details

Name: THEATRE DANCE ASSOCIATION

Bank: NEDBANK Branch: CAVENDISH 104609

Account No 1046491164

Fax proof of payment to 086 5301511

NO CASH TO BE DEPOSITED INTO THE TDA BANKING ACCOUNT

Cash will be received at the TDA office only 57 Newlands Rd Claremont



THEATRE DANCE ASSOCIATION

PUPIL / DANCER CONSENT and INDEMNITY FORM

Full name: _____

Address: _____

Postal code: _____ AGE CATEGORY: _____

Email address: _____

SELF: I.D. or PASSPORT NO. _____

OR

PARENT / GUARDIAN I.D. OR PASSPORT NO _____
(If pupil is under the age of 18 years)

I undertake on behalf of myself, my executors, my spouse and or my child / ward afore said to indemnify, hold harmless and absolve the **THEATRE DANCE ASSOCIATION** against any or all claims whatsoever that may arise in connection with any loss or damage to the property of, or injury to, the person of the afore stated child / ward / self in the course of the **ALL AMERICAN DANCE CONVENTION** with the **SYTYCD ALL STARS AND WINNER/FINALIST**. In the unlikely event of a cancellation of any ONE of the dancers due to American contract work I understand that classes will then be from 3 ONLY ALL STARS

Signature of Parent / Guardian / self

Signature of Witness's

Date: _____ 1. _____

Place: _____ 2. _____

Name of teacher/studio: _____