



**PROFESSIONAL DANCE NETWORK'S
WEEKEND FESTIVAL OF DANCE
SHOWCASE PERFORMANCE REQUEST
*Individual, studio, group and school registrations accepted***

USE A SEPARATE FORM FOR EACH ENTRY

Name: _____

Studio/School Name (if applicable):

Address: _____

Telephone: _____

E-mail: _____

Music/Title: _____

Circle Category: Solo Duet (couple) Trio
Group (4-14 dancers) Production (15+dancers) School Group (level)

Circle Style: Jazz Hip Hop Tap
Lyrical/Contemporary Ballet/Pointe Musical Theatre
Open Ballroom Ethnic Country

ALL DANCERS MUST BE REGISTERED AT PDN'S CONVENTION TO PARTICIPATE IN THE SHOWCASE PERFORMANCES

I voluntarily agree to participate or for my child/group to participate in the program. I realize that every precaution will be taken to eliminate any hazards. However, in the event of any injury to myself, my child or person in my group, I hereby waive release and hold harmless from any liability for damages or claims for damage for personal injury, including accidental death, as well as from claim for property damage which may arise in connection with the above named activity, against the Professional Dance Network.

Authorized Signature: _____