

HTEDance

The EDGE™

Registration Form

SCHOOL INFORMATION:

<i>School Name</i>
<i>Team Name</i>
<i>School Address</i>
<i>School City, State, Zip Code</i>
<i>School Phone Number</i>
<i>School Fax Number</i>

HOME INFORMATION:

<i>Director Name</i>
<i>Director Birthdate and Anniversary</i>
<i>Home Address</i>
<i>Home City, State, Zip Code</i>
<i>Home Phone Number</i>
<i>E-mail Address</i>

DATE & LOCATION:

<input type="checkbox"/> Houston Area, Spring HS November 1, 2008	<input type="checkbox"/> San Antonio Area, Roosevelt HS November 15, 2008
<input type="checkbox"/> Austin Area, San Marcos HS November 8, 2008	<input type="checkbox"/> Dallas Area, Plano East HS December 13, 2008

Number of Participants registered by August 15 _____ X \$15.00/participant = _____
This discount is only available if there are NO NUMBER Changes prior to clinic!

Number of Participants registered after August 15 _____ X \$25.00/participant = _____
*You will be sent an invoice for this number of students.
After that, you may add, but **NOT** drop from this number!*

Number of Directors _____
*There is no fee for directors attending.
However, we like to be prepared with our special brand of director services!*

TOTAL FEES DUE TO HTEDance _____
*Balance due prior to or at the clinic.
There are NO cancellations on billed accounts.*

HTEDance & Spirit Group, Inc.
PO Box 461368
San Antonio, TX. 78246-1368
Office #210-744-1889