



2009 REGISTRATION FORM

CONTEST: *(Please Circle One)*

San Antonio Area

February 6-7, 2009
New Braunfels HS
New Braunfels, Texas

Houston Area

February 20-21, 2009
Magnolia HS
Magnolia, Texas

Austin Area

February 27-28, 2009
Akins High School
Austin, Texas

Dallas Area- Nationals

March 6-7, 2009
Northwest HS
Justin, Texas

TEAM NAME: _____ **TEAM COLORS:** _____

SCHOOL/STUDIO NAME: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Fax Phone: _____

Conference Times: _____ Members on Team: _____ # of Spectators (Estimate): _____

Division: _____ School: Middle/Jr Hi Pep/JV Varsity Studio/community: K-3 4-6 7-9 10-12

DIRECTOR'S NAME: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Email Address: _____

ASST. DIR. NAME: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Email Address: _____

REGISTRATION: * Please put each team on a separate registration form. Do not combine age groups/JV & Varsity, etc.

TEAM ROUTINES: Total # of routines _____ X \$170.00/\$185.00 for Nationals = \$ _____

Jazz Prop Novelty Modern Pom Kick Lyrical Military Hip Hop/Funk Open (+\$10)

OFFICER ROUTINES: Total # of routines _____ X \$150.00/\$165.00 for Nationals = \$ _____

Jazz Prop Novelty Modern Pom Kick Lyrical Military Hip Hop/Funk

SELECT COMPANY ROUTINES: Total # of routines _____ X \$130.00/\$145.00 for Nationals = \$ _____

Jazz Prop Novelty Modern Pom Kick Lyrical Military Hip Hop/Funk

ENSEMBLE ROUTINES: Total # of Small Ensembles (2-6) _____ X \$115.00/\$130.00 for Nationals = \$ _____

Total # of Large Ensembles (7-12) _____ X \$115.00/\$130.00 for Nationals = \$ _____

Please number or name each ensemble and list the participant's names and song title on the attached form.

SOLO ROUTINES: Total # of routines _____ X \$75.00/\$90.00 for Nationals = \$ _____

Please list each soloist's name, grade level and song title on the attached form.

Please mail or fax to:

HTEDance, Inc.

Attn: Michelle Cearley, Contest Registration
PO Box 632 San Marcos, Texas 78667
Contest Fax: 512-878-1100 Ph: 940-231-1761

GRAND TOTAL DUE: \$ _____

Upon our receipt of this completed form, we will be forwarding your receipt or invoice which shall serve as your confirmation.