

<b>Registrant Information</b>			
<b>Name:</b>		<b>Country:</b>	
<b>Address:</b>		<b>Email Address:</b>	
<b>City, State, Zip Code:</b>		<b>Contact Phone:</b>	

<b>Weekend Pass</b>				
	<i>Description</i>	<i>Qty</i>	<i>Pass Price</i>	<i>Total</i>
	3 day Weekend Pass includes all Workshops, ballroom activities.		\$99 before July 1, 2017	
	3 day Weekend Pass includes all Workshops, ballroom activities.		\$109 before Sept 1, 2017	

<b>Payment Options</b>			
<b>Check</b>		<b>Subtotal:</b>	
<b>Visa/Master Card</b>	____-____-____-____	<b>Processing Fee (4%) Credit Card Only:</b>	
<b>Exp. Date:</b> __/__/__	<b>CVV2</b> (3 digit security code): ____	<b>Grand Total:</b>	

**Additional Ticket Holders** (If you purchased more than 1 weekend pass above)  
 For each additional weekend pass purchased, please fill in the individual's first and last name. If you do not know the individual's first and last name, please fill in your name for each additional ticket.

	<i>First Name</i>	<i>Last Name</i>
1.		
2.		
3.		
4.		
5.		

**DC-OUT Event Waiver**

Submission of this form stipulates to the following: The signatory(ies) and the party(ies) listed above agree to hold the organizers of this event and their agents, heirs and assigns harmless from all suits, claims or demands of every kind and character arising out of and in conjunction with LSDC and/or JL Productions Inc., individually or collectively. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast and/or distribution of any event videotape without limitations. I understand the physical risks of entering dance competitions and social dancing and assume full responsibility for any injury or personal damages resulting from LSDC. I certify that I am 18 years of age or older, applicable to Legal Guardian if I am under 18 years of age.

**Competitor/Spectator's Signature:** \_\_\_\_\_ **Date:**     /     /

Mail To:

DC-OUT Dance Weekend  
 13 Briarwood Path  
 Clark, NJ 07066