

YOUTH SHOWCASE REGISTRATION FORM

Name of School: _____

Address: _____ Postal Code: ____ - ____

Telephone: (____) _____ Fax: (____) _____

Contact Person: _____

Telephone: (____) _____ email: _____

Name of Dance Group 1. _____

Level _____

Dance Name _____

Instructor(s) _____

Name of Dance Group 2. _____

Level _____

Dance Name _____

Instructor(s) _____

YOUTH HOPAK PARTICIPANTS

NAME	GENDER	BIRTHDATE	PHONE	TECHNIQUE SOLOS

- ✍ **As the dance Hopak features solo and technique work, please provide any information about the solos the children can perform in the space provided.**
- ✍ **Placement of dancers in choreography, including solos, will be at the complete discretion of the Choreographer.**

CLOSING DATE FOR ENTRIES - March 16, 2007

ENTRIES RECEIVED AFTER MARCH 16, 2007 WILL ONLY BE ACCEPTED IF SPACE IS AVAILABLE.

Return Mailing Address:

**Alberta Ukrainian Dance Association
11759 Groat Road
Edmonton, Alberta
T5M 3K6**