

MKE WAVE DANCE COMPETITION REGISTRATION FORM ★ SATURDAY, DECEMBER 7, 2019

SQUAD / SCHOOL NAME _____

COACH / CONTACT NAME _____

ADDRESS _____ SCHOOL ADDRESS HOME ADDRESS

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ CELL PHONE _____

EMAIL _____

	CHECK HERE	DIVISIONS	CHECK CATEGORY
VARSITY DIVISIONS		HIGH SCHOOL POM	<input type="checkbox"/> 1,250+ <input type="checkbox"/> 950-1,249 <input type="checkbox"/> 550-949 <input type="checkbox"/> 325-549 <input type="checkbox"/> 324 & lower
		HIGH SCHOOL HIP-HOP	<input type="checkbox"/> 950+ <input type="checkbox"/> 949 & lower
		HIGH SCHOOL JAZZ	<input type="checkbox"/> 950+ <input type="checkbox"/> 949 & lower
		HIGH SCHOOL KICK	<input type="checkbox"/> 950+ <input type="checkbox"/> 949 & lower
JV DIVISIONS		JV POM	
		JV HIP-HOP	
		JV JAZZ	
		JV KICK	
MIDDLE SCHOOL DIVISIONS		MIDDLE SCHOOL POM	
		MIDDLE SCHOOL HIP-HOP	
		MIDDLE SCHOOL JAZZ	
		MIDDLE SCHOOL KICK	
ALL STAR DIVISIONS		ALL STAR POM	<input type="checkbox"/> OPEN <input type="checkbox"/> SENIOR <input type="checkbox"/> JUNIOR <input type="checkbox"/> YOUTH <input type="checkbox"/> MINI <input type="checkbox"/> TINY
		ALL STAR HIP-HOP	<input type="checkbox"/> OPEN <input type="checkbox"/> SENIOR <input type="checkbox"/> JUNIOR <input type="checkbox"/> YOUTH <input type="checkbox"/> MINI <input type="checkbox"/> TINY
		ALL STAR JAZZ	<input type="checkbox"/> OPEN <input type="checkbox"/> SENIOR <input type="checkbox"/> JUNIOR <input type="checkbox"/> YOUTH <input type="checkbox"/> MINI <input type="checkbox"/> TINY
		ALL STAR KICK	<input type="checkbox"/> OPEN <input type="checkbox"/> SENIOR <input type="checkbox"/> JUNIOR <input type="checkbox"/> YOUTH <input type="checkbox"/> MINI <input type="checkbox"/> TINY
REGISTRATION / ADMISSION PRICE:			MC VISA AMEX Discover
_____ # OF DANCERS @ \$20 = \$_____ (A)			Acct # _____
_____ # of SPECTATORS @ \$10 = \$_____ (B)			Exp. Date _____
_____ 2 FREE TICKETS FOR HEAD COACH			Signature _____
_____ TOTAL # OF TICKETS			Check: Payable to ROC Ventures
_____ ADDITIONAL ROUTINES @ \$35 = \$_____ (C)			
TOTAL AMOUNT ENCLOSED (A + B + C):			\$

RETURN REGISTRATION FORM WITH PAYMENT NO LATER THAN FRIDAY, NOVEMBER 15TH

MAIL TO: WAVE DANCE COMPETITION; 7044 S BALLPARK DR, FRANKLIN, WI 53132

FAX TO: 414-224-9290

EMAIL TO: TICKETING@ROCVENTURES.ORG

BY PHONE: 414-224-9283