

Spectator/Competition Registration Instructions:

1. Please print and complete this form, and be sure to print legibly for faster processing.
2. Once completed, please **sign** the bottom of the form and include a **check (made out to LSDC)** or provide the requested credit card information for payment and **mail to:**

Liberty Swing Dance Championships
211 East Hobart Gap Road
Livingston, NJ 07039

3. You will receive a receipt in the mail or by email. You will **not receive tickets in the mail**. Your name will be at **Will Call** at the event's registration area.

Weekend pass orders **post marked on or before June 5th, 2009 cost \$135.00 each**. Weekend pass orders **postmarked after June 6th, 2009 cost \$155.00**.

Please call John Lindo at 973-251-2606 if you are purchasing **more than 5** weekend passes.

Questions:

info@libertyswing.com

Competitor Rules:

http://www.libertyswing.com/pdf/division_rules.pdf

Competitor Requirements:

http://www.libertyswing.com/event_details/competition/requirements.html

Registrant Information			
Name:		Country:	
Address:		Email Address:	
City, State, Zip Code:		Contact Phone:	

Weekend Pass Select one (Required to Compete at LSDC) (Postmarked by June 5 th , 2009: \$135.00 After: \$155.00)				
	Description	Qty	Pass Price	Total
<input type="checkbox"/>	3 day Weekend Pass includes all Workshops, ballroom activities. (Call John Lindo at 973-251-2606 to purchase more than 5 tickets.)		<input type="checkbox"/> \$135.00 <input type="checkbox"/> \$155.00 <input type="checkbox"/> All Star's (\$0)	
<input type="checkbox"/>	I purchased a Weekend Pass through a group or club. Group/Club Name: _____		\$0.00	\$0.00

Competition Entry Select all that apply			
	Competition Description	Partner/Team/Group Name	Entry Fee
<input type="checkbox"/>	Pro Classic Division	Partner First & Last Name Here	\$50.00
		<input type="checkbox"/> My Partner is a leader. <input type="checkbox"/> My Partner is a follower.	
<input type="checkbox"/>	Classic Division	Partner First & Last Name Here	\$50.00
		<input type="checkbox"/> My Partner is a leader. <input type="checkbox"/> My Partner is a follower.	
<input type="checkbox"/>	Showcase Division	Partner First & Last Name Here	\$50.00
		<input type="checkbox"/> My Partner is a leader. <input type="checkbox"/> My Partner is a follower.	
<input type="checkbox"/>	Professional Strictly Swing	Partner First & Last Name Here	\$50.00
		<input type="checkbox"/> My Partner is a leader. <input type="checkbox"/> My Partner is a follower.	
<input type="checkbox"/>	Nov/Int Strictly Swing Division	Partner First & Last Name Here	\$50.00
		<input type="checkbox"/> My Partner is a leader. <input type="checkbox"/> My Partner is a follower.	
<input type="checkbox"/>	Adv/All Star Strictly Swing Division	Partner First & Last Name Here	\$50.00
		<input type="checkbox"/> My Partner is a leader. <input type="checkbox"/> My Partner is a follower.	
<input type="checkbox"/>	Masters Strictly Swing Division	Partner First & Last Name Here	\$50.00
		<input type="checkbox"/> My Partner is a leader. <input type="checkbox"/> My Partner is a follower.	
<input type="checkbox"/>	Formation Team Division	Team Name Here	\$100.00
		Formation Team Waiver Must be submitted to compete.	
<input type="checkbox"/>	Cabaret Division		\$50.00
		Please enter your name (individual), your partner's name (couple) or your group name (more than two people, Formation Team Waiver needed) above.	
<input type="checkbox"/>	Jack & Jill Divisions	<input type="checkbox"/> Newcomer <input type="checkbox"/> Intermediate <input type="checkbox"/> Novice <input type="checkbox"/> Advanced	\$15.00
			<input type="checkbox"/> All Star

Payment Options			
<input type="checkbox"/>	Check		Subtotal:
<input type="checkbox"/>	Visa/Master Card	_____	Processing Fee (4%) Credit Card Only:
	Exp. Date: __/__/__	CVV2 (3 digit security code): _____	Grand Total:

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.																			
	<table border="1"> <thead> <tr> <th></th> <th>First Name</th> <th>Last Name</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> </tr> </tbody> </table>		First Name	Last Name	1.			2.			3.			4.			5.		
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1.																			
2.																			
3.																			
4.																			
5.																			

LSDC 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 The Two Johns Corp, 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:** ____ / ____ / ____