

AMATEUR FORMATION TEAM





TICKET

Juvenile & Junior 20\$ Adult (16 years old and over) 40 \$

221, RUE BRÉBEUF, BELOEIL J3G 4V8

	Ms M. Name of teacher:						
	Name of Studio :						
	Address :		City:		State :		
	Postal Code :	Tel.:	E-Mail	:	,		
	Signature :		,				
	Name of the team :						
	Title or Dance :						
	List of participants : For tickets						
	Name of the team :						
	Title or Dance :						
	List of participants : For tickets						
	Name of the team :						
	Title or Dance :						
RESPONSIBILITY will not be	List of participants :						
accepted by the Organizer for LOSS	For tickets						
or THEFT of articles left in changing rooms or ballroom. Neither will the							
Organizer be held liable for							
injuries sustained by persons attending DANSE ELITE.	MUSIC FOR TEAM :						
	MAXIMUM 3 MINUTES	Number of 7	Team:	x 55 S	\$* =	\$	
Please e-mail to		Admission A	dult (16 and over)	× 40 S	\$* =	\$	
Studio 2020 2720, des Ormeaux		Admission J	unior (15 and under)	x 20 S	\$* =	\$	
Montréal (Québec) H1L 4X7				Ģ	RAND	C\$	
Tél. : 514-354-2210				<u> </u>	OTAL 7	es included	
2720mtl@gmail.com	Il participants in these com	npetitions must be a n	nember in good standing	with the NDCC prior to th	e competition. Pleas	se enter your	
studio2720.ca dansesportmontreal.com	membership number. The o www.dancecouncil.ca		right to refuse a registra	tion for which there is no	registered member	number.	
	Name of the state			15.			
Pay	Name on card	PLEASE CAP	ITAL LETTERS		ate 		
by credit card or Interac transfer	Card #			Signature			
naccword: do24	Expiration Date	Code*	Postal Code/7ip				

password: de24 * Add the 3 digits behind the card