

**1<sup>st</sup> Annual  
Drea's Dream Dance Convention**



**November 2<sup>nd</sup>, 2014  
Holiday Inn, Peabody, MA**

**Studio/Independent Attendee Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Number of Dancers Attending:** \_\_\_\_\_  
**(\$100/dancer with all proceeds benefiting the Andrea Rizzo Foundation)**

**Please Complete Dancer Registration Form and mail with payment by 10/15/2014:**

**Rachel White Ballet  
P.O. Box #4006  
Peabody, MA 01961**

**Please write check to:  
The Andrea Rizzo Foundation**

**\*\* Dancers ages 6 and up welcome \*\***

**\*\* Additional Information and Schedule can be found one week prior to the event on:  
[rachelwhiteballet.com](http://rachelwhiteballet.com)**

**\*\* For additional information or questions, please contact:  
[rachelwhiteballet@yahoo.com](mailto:rachelwhiteballet@yahoo.com) Or 413.222.4747**

**\*\* Due to limited space Studio Owners, Teachers and Event Volunteers ONLY allowed for observation \*\***

**\*\* All Guardians must sign below \*\***

**The undersigned, on behalf of persons registering for The Drea's Dream Convention agree to abide by all rules set by the Convention and Host Venue. They agree to release Drea's Dream volunteers, faculty, host venue and sponsors from any and all claims in the event of personal injury or property lost sustained during the event. The undersigned authorizes Drea's Dream Dance Convention, The Andrea Rizzo Foundation and their sponsors to use their image for future advertising purposes.**

<b>Dancer's Name</b>	<b>Dancer's Birthday/Age</b>	<b>Parent Signature</b>


