

ATOD International
**DANCE
AWARDS**
A U S T R A L I A

10th-13th July 2019
QUT GARDENS THEATRE
2 GEORGE STREET BRISBANE CITY QLD 4000



S Y L L A B U S
REGISTRATION FORM

ATOD International Dance Awards 2019

SYLLABUS COMPETITION REGISTRATION FORM – ALL PRICES INCLUDE GST

Syllabus registrations include one Program, one Student Pass and a Participation Certificate

EARLY BIRD REGISTRATIONS DUE 31ST MARCH 2019 – AU\$20 FIRST ENTRY, THEN AU\$15 FOR EACH ADDITIONAL ENTRY (this is per student, not studio)

REGISTRATIONS DUE 7TH APRIL 2019 – AU\$25 FIRST ITEM, THEN AU\$20 FOR EACH ADDITIONAL ITEM

ABSOLUTELY NO REGISTRATIONS WILL BE RECEIVED AFTER THIS DATE

Please complete the following registration form and return to atodiawards@gmail.com by the closing dates provided above. Handwritten registrations will not be accepted, please type in the space provided. Competitor passes will be provided to each student participating and must be displayed at all times to enter the auditorium or dressing room areas. ONE FORM TO BE COMPLETED PER STUDIO.

Genre Sections: Classical Ballet, Jazz, Tap, Hip Hop

Grades/Levels: Test One through to Advanced

PAYMENT OPTIONS:

No registration form will be accepted without payment details, please see options below:

1) CREDIT CARD PAYMENT:

Name on Card: _____

Card No: _____/_____/_____/_____

Exp. Date: _____/_____ CCV: _____

Amount: AU\$ _____

Cardholders Signature: _____

2) DIRECT TRANSFER:

Group registration payments please quote STUDIO NAME as your payment reference.

Solo/Duo/Trio registration payments please quote SURNAME as your payment reference.

Name of Account: Australian Teachers of Dancing International Pty Ltd

Address of Bank/Branch: National Australia Bank, George Street, Beenleigh QLD Australia 4207

BSB No. 084120 Acc No. 859078628 Swift Code: NATAAU3304B

PERMISSION

- ☐ I give permission for ATOD to use my / my child's / student's photograph / images, without payment or reward, for ATOD promotional activities that may arise from time to time for ATOD. I do not require ATOD to consult with me prior to the use of my / my child's / student's photograph / images.

Office use only:

☐ Pmt Method: _____

☐ Amount: _____

☐ Fin Memb: _____

☐ Entries to S/S: _____

STUDIO SYLLABUS REGISTRATION FORM 2019

(All Studio participants should be entered on the one form by the Studio Teacher)

TAX INVOICE

STUDIO NAME	
REGISTERED ATOD MEMBERS NAME	
REGISTERED ATOD MEMBERSHIP NUMBER	
CONTACT PARENT FOR THIS REGISTRATION	
EMAIL ADDRESS	
MOBILE NUMBER	

COMPETITORS NAME	DATE OF BIRTH	GRADE	GENRE	ENTRY FEE
TOTAL REGISTRATION FEE DUE				AU\$
EXTRA PROGRAMS AU\$11. NUMBER REQUIRED: _____				AU\$
TOTAL PAYMENT DUE				AU\$

Office use only:

☐ Pmt Method: _____

☐ Amount: _____

☐ Fin Memb: _____

☐ Entries to S/S: _____



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