

**The Victoria English Country Ball
April 5-7th 2019**

Registration Form

The Victoria ball and workshop only: CAN\$70 / US\$53 per dancer
The Victoria ball, workshop, plus Friday night dance: CAN\$80 / US\$60 per dancer
There will be a \$10 fee for cancellations after March 10, 2019

***Please ensure that your cheque/money order is payable to VECDS,
and that your waiver is signed and dated before mailing the form to
Claudia Haagen, 2583 Thompson Avenue, Victoria, BC Canada V8R 3L2.***

All participants must sign a waiver (see over).

Name(s) _____

Mailing Address _____

City/Town _____ Province/State _____ Postal/Zip Code _____

Number of dancers _____

Cheque/Money order is enclosed for \$ _____ CAD/USD (specify)

I/we have signed the waiver (see reverse). Yes _____ No _____

For Out of Town Guests

Our dancers are pleased to offer their homes to visitors. Space is assigned on a first-come, first-served basis.

Do you need housing? No _____ Yes _____ Do you smoke? Yes _____ No _____

For how many people? _____

Please let us know if you have any allergies

Will you have your own car? Yes _____ No _____

Questions about the Ball, registration or billeting contact Claudia Haagen chaagen@telus.net

Special diets: There will be vegetarian and gluten-free options for lunch on Saturday. If you have other dietary needs, please make sure to bring provisions for yourself.

Victoria English Country Dance Society

Waiver

The Victoria English Country Dance Society (VECDS) requires participants in weekly dances and special events to sign a waiver.

The Victoria English Country Dance Society (VECDS) is a group of individuals who practice, teach, share and enjoy English Country dancing. Accordingly, they host weekly dances and occasional special events that may include workshops, dances and related social activities.

Waiver: In consideration of my (and/or my child's) participation in VECDS activities and special events, I hereby release and discharge the Victoria English Country Dance Society (jointly or severally), and its representatives, successors, and assigns, from any and all liability arising from accident, injury or illness that I (he/she) may suffer as a result of my (our) participation in these activities.

Name (print): _____

Signature: _____

Mailing Address _____

City/Town _____ Province/State _____ Postal/Zip Code _____

Date: _____

Name (print): _____

Signature: _____

Mailing Address _____

City/Town _____ Province/State _____ Postal/Zip Code _____

Date: _____