DANCE COMPETITION REGISTRATION FORM

MEMBER	ASSOCIATION			_		
DANCE Dancer One:	CATEGORY:	Couple				
	Address:					
	City:			State or Province:		Zip or
It is OK to release to other IGRA mem	Phone: this information nbers for dance-rela	() ated purposes.	Yes	Email		
Dancer One.	Address:					
	City:			State or Province:		Zip or Postal Code:
	Phone:	()		Email		
It is OK to release to other IGRA men	this information bers for dance-rela	ited purposes.	Yes	No 🔲		
NAMES TO USE	IN PRESS RELE	ASES AND PRO	OGRAM FOR THIS	CONTEST:		
1st Name C	Only	Last Name O	nly 🔲	Full Name		
Division I (Adva	anced)		Division III (Beg	inner)		
Division II (Inte	rmediate)		Division IV (Firs	t Time)		
FREESTYLE SC	ONG TITLE:					
	ARTIST	:				
STANDING ANI	D ELIGIBLE TO F	REPRESENT O	STANTS(S) ARE M JR ASSOCIATION N THE STATED CA	AT THE IGRA	OOD	
Association Pre	esident or Truste	e printed name	: :			
	Signature				Date	

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DANCE COMPETITION REGISTRATION FORM

MEMBEK	ASSOCIATION			
DANCE Division I (Begin		Individual Line Dancer Division II (Intermediate)	Open Dance Team Division III (Advan	ced)
	Address:			
	City:		State or	Zip or
	Phone:	()	Province: Email	Postal Code:
It is OK to release to other IGRA mem	this information bers for dance-rela	ted purposes. Yes	□ No □	
Dance Team:				
Contact Name:				
	Address:			
	City:		State or Province:	Zip or Postal Code:
	Phone:	()	Email	
It is OK to release to other IGRA mem	this information bers for dance-rela	ted purposes. Yes	No 🗖	
NAMES TO USE	IN PRESS RELE	ASES AND PROGRAM FOR TH	IIS CONTEST:	
1st Name O	nly	Last Name Only	Full Name	
STANDING AND	ELIGIBLE TO R	AMED CONTESTANTS(S) ARE EPRESENT OUR ASSOCIATION OMPETITION IN THE STATED	ON AT THE IGRA	
Association Pre	esident or Trustee	e printed name:		
	Signature		Date	<u> </u>

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DANCE COMPETITION REGISTRATION FORM

REGISTRATION FEES:

\$75.00 per couple if postmarked 30 days prior to opening of IGRA University \$100.00 per couple 15-30 days prior

\$35.00 per individual line dancer 30 days prior to opening of IGRA University

\$60.00 per individual 15-60 days prior

\$100.00 per team if postmarked 30 days prior to opening of IGRA University

\$125.00 per team 15-30 prior

POST MARK DAT	PO	ST	MΔ	IRK	DA	TE:
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MAIL ENTRY FORM & APPROPRIATE FEES, NON-REFUNDABLE & PAYABLE TO IGRA 20140 East Maplewood Ln

Centennial CO. 80016-1279

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