**Diamond State Line Dance Workshop
Registration Form
Friday & Saturday April 5 & 6, 2024
HOST HOTEL
Brandywine Plaza Hotel 630 Naamans Rd. Claymont, DE 19703
302-792-2700
Must Mention Diamond State Line Dance
*This year’s Theme is the Hawaiian Islands***

**Please Print Clearly:**

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one for your Dance Experience:
Beginner\_\_\_\_\_\_\_ Intermediate \_\_\_\_\_\_\_ Advanced\_\_\_\_\_\_\_\_\_ Instructor\_\_\_\_\_\_\_\_\_\_\_

Friday evening dance is open to the public for a donation to our charity of $15.
Single/Double Occupancy rate is $118 per night + tax to include 1 or 2 breakfasts
Triple Occupancy rate is $128 per night + tax to include 3 breakfasts
Quad Occupancy rate is $138 per night + tax to include 4 breakfasts**

**COST: $100 received before January 15, 2024 / $115 after January 15,
 Make checks or money orders payable to Joanne Brady
 Mail to Joanne at 803 Partridge Ct, Hockessin, DE 19707-1309
 www.jobrady.weebly.com / joebrady1@verizon.net**We, the undersigned, agree to hold organizers of the Diamond State Line Dance Workshop and their agents,
Harmless from suits, claims and demands of every kind & character arising out of and in conjunction with the event. I understand the physical risk of social dancing & assume full responsibility for any injury or personal damages resulting from the event mentioned above. I certify that I am 18 years or older (applicable to Legal Guardian if under 18 years of age).
***I acknowledge there are NO refunds, credits or carry overs after payment has been made.*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_Date:\_\_/\_\_/\_\_

**OFFICE USE ONLY:**
Type of Payment Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received\_\_\_\_\_\_\_\_\_\_\_\_