



2009 DANCE TEAM NON-COMPETITION APPLICATION

All dance teams will participate in Wednesday & Saturday grand entry with arrival at Carlson Center
by 5:30 p.m.

DANCE TEAM NAME: _____

DANCE TEAM LEADER: _____

ADDRESS: _____ PHONE: _____

MESSAGE: _____

E-MAIL: _____ FAX: _____

WAIVER OF RESPONSIBILITY

By my signature below, I agree to the following, acting as a representative of the dance team, I hereby take full responsibility of all dance members' actions while in Fairbanks including, but not limited to the following: that each member will abide by all rules and regulations set forth by the community of Fairbanks and WEIO; that I will agree to reimburse any damages and theft done; that I/we will not hold WEIO liable for our participation in the WEIO; and, agree to observe the non-usage of alcohol or other mood-altering drugs. *I here by grant permission, without compensation to and from WEIO or its appointees to use my name and image taken during the WEIO in any promotional material or advertising.*

REGISTRATION FEES

Please submit payment to the WEIO office.

STAFF INFORMATION: Date application received: _____ Payment received: _____ Cash, Check or Money Order (# _____)