

2004 TUCSON BDAA CONVENTION 5-DAY REGISTRATION

PLEASE SUBMIT A SEPARATE FORM FOR EACH FAMILY

Name(s): _____
 Street Address: _____
 City: _____ State _____ Zip: _____
 Phone: _____ E-mail: _____
 Arrival Date: _____ Departure Date: _____

Please Specify the Number of People Registering in Each Category:

#	Category	Before June 15	After June 15	TOTAL
_____	Adult Orchestra/Dance Participant (5-Days)	\$185	\$200	\$ _____
_____	Adult Non-Orchestra/Dance Participant (5-Days)	\$150	\$165	\$ _____
_____	Student (Full Time) (5-Days)	\$100	\$100	\$ _____
_____	Child (Under 14 Years) (5-Days)	\$ 85	\$ 85	\$ _____
_____	BDAA Membership Fee(s) - if not a current member		\$25 (single) \$30 (family)	\$ _____
TOTAL FEES PAYABLE (MAKE CHECK TO "BDAA")				\$ _____

PLEASE INDICATE THE NUMBER OF REGISTRANTS THAT ARE GOING TO PARTICIPATE IN THE FOLLOWING PROGRAMS:
 Dance Program _____ Chorus _____ Children's _____

REGISTRATION FEE INCLUDES:

- **Adult Orchestra/Dance Participant and Student** Gala Banquet, Music and Folder, Workshops, Orchestra/Dance Rehearsals and Participation, Festival Concert Participation, Evening Party Refreshments and plenty of fun!
- **Adult Non-Orchestra/Dance Participant** includes all of the above EXCEPT Music and Folder, Orchestra/Dance Rehearsals, Concert Participation.
- **Child** includes Children's Program plus all of the above EXCEPT Music and Folder, Orchestra/Dance Rehearsals, Concert Participation (unless specifically arranged with the Conductor).

All registrants will be able to be seated in the Concert Hall for the Festival Concert.

If registrant(s) will be playing in the Convention Orchestra, please list instruments below:
 (If you would like an easier part, please indicate by adding a "2" after your instrument choice (ex. Prima Balalaika 2).)

Registrant	First Choice	Second Choice
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you believe you will want a convention T-shirt, please specify the size(s) that you wear (T-shirts are not included in the Registration Fee, but this will help us with our planning) Cost is \$15. Quantity _____ Size(s): _____

If you require a special menu, please indicate your dietary restrictions: _____

Do you want assistance in pairing you up with a roommate? _____ If so, indicate criteria (smoker/nonsmoker, male/female, etc.)

Will you be able to help us with: Registration and Check-In _____ Banquet _____ Workshop/Rehearsal Setup _____ Children's Program
 _____ Bulletin Board _____ Evening Parties _____ Zakuski Preparation _____

Will you wish to display or sell something to Convention Attendees (a nominal fee will be charged)? If so, what, what times, how many tables needed? _____

Send this form with your check to: *BDAA Convention*
87 Western Highway
West Nyack, NY 10994

(For 3-Day Registration Form Please Turn Over)