Registration Form

Virginia Square & Round Dance Association with the Virginia State Callers Association -

29th VA State Convention - May 18, 19, 20, 2017

Directors: Tom & Nancy Stafford, 7731 Virginia Lane, Falls Church, VA 22043
703-573-8378 Nancy Stafford - nvccnan@gmail.com
Tom Stafford - tomstaffordusda@gmail.com

"Load the Boat at Hampton Harbor"

Adult Name #1 (1st & Last) _____ Adult Name #2 (1st & Last) _____

Address _____

City _____ State _____ Zip _____

Phone (_____)_____ Email _____

Primary Club Affiliation _____

# of Dancers		Price	
_____	Entire 29th Convention (to 5/17/17)	@ $40.00 each	$ _____
_____	Early Bird (at 28th Conv) (to 5/15/16)	@ $36.00 each	$ _____
_____	At the 29th Door-Entire Conv	@ $45.00 each	$ _____
_____	Thursday Evening (at 29th Conv)	@ $13.00 each	$ _____
_____	Friday Only (at 29th Conv)	@ $18.00 each	$ _____
_____	Saturday Only (at 29th Conv)	@ $20.00 each	$ _____
_____	VASARDA Membership (Includes VASARDA Dancer News)	@ $5 pp each year	$ _____
		Total	$ _____

Dance Level/Type: *(Check all that apply)*

- ☐ Mainstream ☐ Plus ☐ Advanced
- ☐ DBD ☐ Contra ☐ C/W
- ☐ Lines ☐ Ph II ☐ Ph III
- ☐ Ph IV ☐ Ph V ☐ Ph VI

Caller / Cuer / Line / Contra Instructor
(Circle if on VA State Convention Staff)

☐ **SOLO** *(Please check if Solo)*

☐ Check or ☐ Money Order made payable to "VASARDA" – Cancellation fee $5 per couple - NO refunds after 4/26/2017

CHILDREN 13 AND UNDER – FREE, YOUTH 14 TO 16 – HALF PRICE, ADULTS 17 AND UP – FULL PRICE

CONVENTION REGISTRATIONS

MAIL TO: Sue & Dick Murray
717 Allendale Drive, Hampton, VA 23669
(757) 851-7538 rpmslm@verizon.net

CONVENTION RIBBONS REQUIRED AT ALL TIMES.
SQUARE DANCE ATTIRE FRI. & SAT. AFTER 7 PM
CASUAL ATTIRE THUR., FRI. DAYTIME, SAT. DAYTIME
SYNTHETIC FLOORING IN ALL HALLS

HOTEL INFO: Crowne Plaza Hampton-Marina, 700 Settlers Landing Rd, Hampton, VA 23669 (757) 727-9700

Housing Registration Form

(Deadline for pricing on hotel rooms is 4/22/17)

PLEASE RESERVE ROOMS THRU REGISTRAR FOR REQUIRED ROOM NIGHT CREDITS (to defer the cost of Ballrooms).

Name _____ Home Phone (_____) _____

Address _____ Work Phone (_____) _____

City _____ State _____ Zip _____ Email _____

Room Rates: $105.00 per night (Advance Purchase, King Bed or 2 Double Beds – Does not include 14% tax + $1.00/day)

Room Type: ☐ King Bed ☐ Two Double Beds ☐ Other: _____ This is a Non-Smoking Facility

Arrival Date (mm/dd/yy) _____ Departure Date_____ **Deposit required**: **$120.70** (First Night's Room + Prevailing Tax)

☐ **Check** (To: Crowne Plaza) ☐ **Money Order** (*Checks & Money Orders must be received 30 days prior to arrival.)*

☐ **Credit Card /Type**: ☐ Visa ☐ MasterCard ☐ American Express ☐ Diners ☐ Discover

Name on CC: _____Number: _____Expiration: _____

MAIL HOUSING RESERVATIONS TO: GT & Dot Richardson, 511 Bridge Wood Dr., Yorktown, VA 23693
(757) 867-6721 dotgt@juno.com