



Effective 2010

NORTHWEST DANCER REGISTRATION APPLICATION

Using check list below, ALL items must be included to avoid delay in receiving new card. Please allow 3-week turn-around. **NO RUSH REQUESTS!**

- Self-addressed, stamped envelope (SASE)
- Check or money-order payable to FUSTA (No Cash)
- Prior registration card if previously registered or requesting an upgrade
- Photograph (see details in box)
- Send completed form with above items to:**

**FUSTA Northwest Registrar
Karen Shelton-Johnson
1812 North 203rd Street, Shoreline, WA 98133**

← 1 1/4" →

PHOTO SIZE
1 1/4" x 1 1/2"

=====

Headshot Please

New photo requested for new card or changing classes

↑ 1 1/2" ↓

**E-Mail: ksheltondance@hotmail.com
Phone: 206-542-7920 Fax: 206-542-3406**

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____ E-MAIL _____

REGISTRATION NO. (leave blank if unknown) _____

Has the dancer registered previously with any other organization? YES _____ NO _____

If YES, state organization, date and registration number. _____

.....

TEACHER'S EXAMINING BODY & MEMBERSHIP # _____

TEACHER'S NAME _____ E-MAIL _____

ADDRESS _____ TELEPHONE (____) _____

CITY _____ STATE _____ ZIP _____

TEACHER'S SIGNATURE _____
(Must Be Original Signature, No Photocopies. This signature verifies the above information is correct to the best of the teacher's knowledge.)

ANNUAL REGISTRATION CLASSIFICATION FEES

PRIMARY _____ \$10.00	PREMIER _____ \$25.00
BEGINNER _____ \$20.00	I PLAN TO COMPETE AT THE _____ REGIONAL
NOVICE _____ \$20.00	LATE FEE _____ \$10.00
	<i>(If registering after Feb. 15 and not a new Primary or Beginner)</i>
INTERMEDIATE _____ \$20.00	REPLACEMENT FEE _____ \$ 5.00
<i>Exact Date (month, day, year) of 1st Int. Comp. ____/____/____</i>	<i>(Lost and/or damaged card. In addition to paying current registration fees)</i>
<i>(Must have Int. Card prior to beginning Int. Year)</i>	

NO ADDITIONAL FEES IF MOVING UP DURING CALENDAR YEAR

SIGNATURE _____ **DATE** _____
(Parent or Guardian if under 18. Signature verifies above information is true and correct and dancer agrees to abide by the Rules and Regulations of the SOBHD.)

The information solicited will be made available for routine use to FUSTA and as required to the Scottish Official Board of Highland Dance. Under no circumstances will dancer data be shared with outside organizations.

FOR OFFICE USE ONLY

Date Rec'd _____ Orig. Reg. Date _____ Reg. # _____ Date Sent _____ Amt. Rec'd. _____ Check # _____