



**ALBERTA DANCE EDUCATORS ASSOCIATION  
DANCE SPECTACULAR 2020  
CONFIRMATION OF PARTICIPATION**

Name of ADEA member

---

Name of Studio Participating (If applicable)

---

Contact Number(s)

---

Email

---

I have read the expectations of participating in this event and agree to support the requirements of this event.

---

Signature of the ADEA member participating

Deadline September 15, 2019