

# **A.D.E.A 40<sup>TH</sup> ANNIVERSARY SPECTACULAR**

## **CONFIRMATION OF PARTICIPATION**

**NAME OF STUDIO PARTICIPATING**

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**NAME OF ADEA MEMBER**

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**CONTACT NUMBER**

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**EMAIL**

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I have read the roles and responsibilities of participating in this event. I will provide a minimum of 2 volunteers and understand that a teacher must be present to supervise the students in the dance routine that is being submitted in the performance.

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**Signature of ADEA Member Participating**

DEADLINE SEPTEMBER 15<sup>th</sup> , 2017