



**DANCE VISION
NATIONAL
CHAMPIONSHIPS**

November 14th - 16th, 2025

Student Recognition Form

Students that have tested out of a Dance Vision Syllabus level with our Student Medal Program can receive an award on Saturday or Sunday evening during our Top Awards Presentations. Please fill out the information below. (Cost: \$50 per person)

Spelling of your name on this form will be printed on a plaque. PLEASE PRINT CLEARLY and double check that it is correct.

Please present my award on:

1. First Name: _____ Last Name: _____

SATURDAY SUNDAY

2. First Name: _____ Last Name: _____

SATURDAY SUNDAY

3. First Name: _____ Last Name: _____

SATURDAY SUNDAY

4. First Name: _____ Last Name: _____

SATURDAY SUNDAY

5. First Name: _____ Last Name: _____

SATURDAY SUNDAY

Associated Studio: _____

Street Address: _____

City / State / Zip: _____

Best phone # for contact: _____ Best Email for contact: _____

(A 4% administrative fee will be charged for all payments made with a credit card)

Subtotal: \$	4% Admin Fee: \$
Please charge the total amount: \$	
Name on Card:	
Credit Card Number:	Exp. Date: CVC:
Billing Address:	
City:	
State/Country:	
Zip/Postal Code:	
Signature of Card Holder:	

Form Due by October 15, 2025
Please email this form to events@dancevision.com