



# DANCE VISION NATIONAL CHAMPIONSHIPS

November 15th - 17th, 2024

## 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 25, 2024  
Please email this form to [events@dancevision.com](mailto:events@dancevision.com)