



Pre-Registration
72nd National Square Dance Convention[®]
Mobile, Alabama
June 21, 22, 23, & 24, 2023

REGISTRATION NUMBER

REGISTER ONLINE at www.72nsdc.com

PLEASE PRINT CLEARLY

Primary Last Name: _____ First Name: _____

Partner's (if different): _____ First Name: _____

Youth Names & DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email: _____

Phone: (____) _____ Alt Number (____) _____

Registration Prices (U.S. currency only) \$50.00 each x _____ = \$ _____

Youth born after June 21, 2005 \$25.00 each x _____ = \$ _____

Cash Received \$ _____ Check# _____ (Pay to 72nd NSDC) **Total Due: \$** _____

Credit card name _____ Card # _____

Expiration Date: ____/____ Security Code _____ Name on card: _____

Statement Mailing Address (if different) _____

Authorized Card Signature: _____

IF REGISTERING BY MAIL: Registration Chairman: Ann Leithauser 205-908-1058
72nd National Square Dance Convention[®] PO Box 613, Leeds, AL 35094 registration@72nsdc.com

\$10 cancellation fee per registration. No refunds after April 30, 2023. This form and registration rate are void after April 30th, 2022. Registration Long Forms will be mailed April 2022 for selection of hotel and additional items. Early registration gives you free admittance to the Pre-Convention Kick Off Dance on April 30th, 2022. Convention Badges Required for Entrance to all Convention Activities; Dressy Casual Attire allowed until 6:00pm. Proper Dance Attire is Required After 6:00pm for all Dancers.

HELP US PLAN! Please CIRCLE all that apply

Dancers: Mainstream, Plus, Advanced, Challenge, Contra, Lines, Rounds, Clogging, Handicapable, SOLO
Leaders: Squares, Contra, Lines, Rounds, Clogging, Education Presenter: topic _____
Arrive Early or Stay Late: days? _____ Camp, stay at Convention Hotel, or other accommodations?
Group name: _____ Do you need Block rooms, Meeting Room, Storage Space?
Tour, Education, or Program or other suggestions? _____

WHO MAY WE THANK FOR YOUR REGISTRATION? _____

Internal Use Only) Accepted by _____ Date _____

Registration Location _____ **RECEIPT NUMBER** _____