



Contact Name: _____ Phone (____) _____

Mailing Address: _____ City: _____ Zip: _____

Team Name: _____ Email: _____

Fax(____) _____

I understand that any cancellation, disqualification, no show or last minute change of category are subject to NO REFUND POLICY. Person signing will still be liable for full payment of any submitted or faxed registration and /or verbal. Non- sufficient checks will receive a \$25 penalty fee added to the amount of the check. Stop payment of a check is unlawful.

Signature: _____ Print: _____ Date: _____

Select date or date of event: start time 10:00am

____ 5/20/2017 Aloha in Los Angeles @ Eagle Rock High School

____ 6/3/2017 Star Night Spectacular **NATIONAL Championships**
(THIS EVENT WILL SELL OUT) @ Woodrow Wilson High School

<i>Solos/Duets 1-2</i>	<i>\$50.00</i>
<i>3-4</i>	<i>\$60.00</i>
<i>Officers 5-8</i>	<i>\$70.00</i>
<i>Small: 9-12</i>	<i>\$75.00</i>
<i>Medium 13-16</i>	<i>\$80.00</i>
<i>Large 17-20</i>	<i>\$90.00</i>
<i>X Large 21 +</i>	<i>\$100.00</i>

CREDIT CARDS NOW ACCEPTED: CARD#: _____ EXP: _____ CODE: _____

Amount to charge: _____ Authorization Signature: _____

Category	Team size	Grade level	Fee
Check / Money Order / Cash / School check / Credit Card		Grand total:	\$

Please make check payable to: **1st Impression All Stars**

Office (323) (323)522-6974
 Fax: (323)669-8096
 Email: Ms.Ruiz@1stimpressionddc.com
www.1stimpressionddc.com

Mail to: 1st Impression
 Attn: Mrs. Ruiz
 3001 Gilroy Street.
 Los Angeles, Ca .90039

Total Head Count: (Performers only): _____

All teams will receive only one complimentary coach entrance for all teams under 20 students