



# B<sup>2</sup> CHEER & DANCE 2018 CHOREOGRAPHY AGREEMENT



In order to register your team for competition choreography, this form must be scanned/emailed ([brian@b2cheerdance.com](mailto:brian@b2cheerdance.com)) or faxed (888-317-9671) within one week of booking your date. This agreement serves as a payment guarantee of \$500 in the event your choreography reservation is cancelled. By your agreement with the terms and conditions represented on this form, you represent that you are authorized to make the reservation on behalf of the school/team listed below. You agree that you have read and understand the cancellation policies concerning this reservation.

School Team Name: \_\_\_\_\_

Choreography Date(s): \_\_\_\_\_

Coach/Advisor Name: \_\_\_\_\_

Coach/Advisor Email: \_\_\_\_\_

Coach/Advisor Cell Phone: \_\_\_\_\_

\*Your choreography enrollment form and actual deposit of \$500 (check) is due in our office on or before July 1, 2018.

1. By signing this agreement, the school/district agrees to hold the scheduled choreography date(s) above with B<sup>2</sup> Cheer & Dance for 2018, regardless of coaching/personnel change within the school/district.
2. The school/district acknowledges that once this signed agreement is received, B<sup>2</sup> Cheer & Dance will reserve a spot for choreography for the above mentioned team/program. If the team cancels or changes the reservation, the school/district agrees to be responsible for paying the \$500 cancellation/change fee to compensate for the spot cancellation/place held for the above mentioned school/district/team.
3. Actual deposit of \$500, along with the choreography enrollment form (found on our website in the choreography section) are due in our office by July 1, 2018.

**I have read the Choreography Agreement and understand and accept its contents. I will make sure the above mentioned school/district/team sends in actual deposit and enrollment form by July 1, 2018 OR pay a \$500 cancellation fee if the above mentioned team cancels or changes their reservation. I agree that I have received permission from the appropriate school administration to book the choreography clinic on the dates listed above.**

Coach/Advisor Signature \_\_\_\_\_  
Coach/Advisor Printed Name \_\_\_\_\_

Date \_\_\_\_\_

B<sup>2</sup> CHEER & DANCE  
PO BOX 22477  
HOT SPRINGS AR 71903

FAX: 888-317-9671  
EMAIL: [BRIAN@B2CHEERDANCE.COM](mailto:BRIAN@B2CHEERDANCE.COM)