



**B² CHEER & DANCE
CHEER CHOREOGRAPHY
ENROLLMENT/REGISTRATION FORM 2018**

School/Team Name _____

Coach/Contact Name _____ Coach Cell Phone _____

CHOREOGRAPHY CLINIC DATES: _____

STREET ADDRESS/LOCATION WHERE CLINIC IS TO BE HELD: _____

UNLEASH THE BEATS INFORMATION:

Username: _____

Password: _____

Username and password will only be used by the music choreographer to purchase the songs requested for your routine

Are there any special voiceovers that you would like in your routine besides your team name, letters, and mascot? If so – list your top two below:

1. _____ 2. _____

Each team may select between 5 and 7 songs from unleash the beats to be used to create your competition music. Do NOT pay for your songs – simply place them in your “my picks” section of your account and then we will purchase them for you. Music IS included in your choreography fee. We will send a receipt with proof of proper licensing once your mix is created.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____

Non-refundable/non-transferable deposit is \$500.00 PER TEAM. Balance due UPON ARRIVAL prior to clinic. Deposits are due in our office on or before July 1, 2017.

We are enclosing the following deposits:

Total Number of Teams: _____ @ \$500.00 = \$ _____

TOTAL: \$ _____

School Check # _____

B² CHEER & DANCE – PO BOX 22477 – HOT SPRINGS AR 71903