



TEADE CANADA



WWW.DANZACORPUS.COM
DANZACORPUSMTZ@GMAIL.COM
Ph: 1-905-617-2037



DanzaCorpus
Canada Dance Theatre

3rd INTERNATIONAL CONTEMPORARY DANCE CHOREOGRAPHIC COMPETITION Registration Form

Deadline is June 25th, 2024 @ 11:59pm

**Please scan and send completed registration form before June 25th 2024

Email completed registration form to: teadecuba@gmail.com

First & Last Name/Nombre & Apellido

Age/ Edad _____ **Nationality/ Nacionalidad** _____

Home Address/Dirección

Tel: _____ **Cell/ Celular** _____

Email _____

Contact Person (name, address, cell number, and relationship) information
de un familiar(nombre, dirección, celular)



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Status:

_____ **Student / Estudiante**

_____ **Professional Dancer/ Choreographer / Teacher(*include Bio) Bailarín Profesional/ Maestro/ Coreógrafo(*incluir biografía)**
Name of Company (If applicable) Nombre de la compañía

For Students only/ Para estudiantes

Name of School/program/ Nombre de la academia

Language/Idioma _____ **Years of dance training/ Años de entrenamiento** _____



Please read and sign the Consent Authorization form of this document.

Consent to use Video/Photograph

Video/Photo Release Authorization for

DANZA CORPUS INTERNATIONAL DANCE COMPETITION 2024

I, the undersigned, give permission to the Danza Corpus Canada, and/or parties designated Danza Corpus Canada to use the submitted photographs/videos in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use.

I and my organization further consent to the use of my name in connection with the photograph(s)/video(s) if needed by Danza Corpus and/or parties designated Danza Corpus Canada.

I and my organization understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my name and I hereby release Danza Corpus Canada and/or any parties designated by Danza Corpus Canada from any such claims.

I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

Name (Please print) of Participant

Date

Signature/Firma: _____

*Parent/Guardian signature required for participants under 18 years of age

Questions?

Email: teadecuba@gmail.com

Tel: 905-617-2037