



Dance Leader Agreement

PLEASE PRINT ALL INFORMATION

Club Name _____

Club Contact Information Name _____ E-mail _____

Phone _____ - _____ - _____ or Phone _____ - _____ - _____

Club Secondary Contact Name _____ E-Mail _____

Phone _____ - _____ - _____ or Phone _____ - _____ - _____

Dance Leader Information Name _____ E-Mail _____

Phone _____ - _____ - _____ or Phone _____ - _____ - _____

Dance Leader Back up information Name _____ E-Mail _____

Phone _____ - _____ - _____ Phone _____ - _____ - _____

Location event is being held _____

Name of building _____ - Address _____

Event Date: ____/____/____ Event hours ____:____ am/pm to ____:____ am/pm

List any Theme: _____ Dance Level _____ Hi-Lo, Phase of rounds etc.

Club restrictions concerning the dance _____

Time equipment must be set up by ____:____ am/pm (Early Rounds etc.)

Equipment is supplied by Name _____

Fee for leading the dance \$____.____. The dance leader shall provide proof of licensure BMI/ASCAP/SESAC to Club officers prior the beginning of the event.

Cancellation, the club shall replace the original Dance Leader. The club officers {president, vice president) will be contacted by the Dance Leader in case of a need for a change .

Club Representatives Signature _____ Date: _____

Dance Leader Signature _____ Date: _____

You have been provided two copies; of this agreement please complete, date, sign and return one copy, retaining the other for your records.

Return to _____

Clubs are to contact the Dance Leader no less than two weeks prior to the event.