

Diamond State Line Dance Workshop Registration Form

Friday & Saturday

March 31 – April 1, 2023

HOST HOTEL:

Brandywine Plaza Hotel
630 Naamans Rd.
Claymont, DE 19703
302-792-2700
Mention Diamond State Line Dance

Please *Print* Clearly:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check one for your dance experience:

Beginner (3 months–1 year) _____ Intermediate _____ Advanced _____

PLEASE READ Carefully as there are a few changes beginning this year in our new Host Hotel:

- We will be adding a few lessons on Friday afternoon; Times will be posted as the event draws closer.
- This will replace the meet and greet from previous years.
- We will have TWO rooms for lessons throughout the weekend; the main ballroom (5300 Sq. Ft) and the Wilmington Room (1200 Sq. Ft)
- Each evening dance on Friday and Saturday will be held in the Main Ballroom. Everyone together in same room.
- Included in the cost of the hotel room, the Host Hotel will include a hot buffet breakfast.
- Single/Double Occupancy rate is \$115 per night plus tax to include breakfast (approx. \$64 per person per night)
- Triple Occupancy rate is \$125 per night plus tax – to include breakfast (approx. \$55 per person per night)
- Quad Occupancy rate is \$135 per night plus tax – to include breakfast (approx. \$39 per person per night)
- The hotel will offer these rates Thursday through Sunday

COST: \$100 *received* before January 1, 2023 / \$115 after January 1, 2023

Make checks or money orders payable to Joanne Brady
Mail to Joanne at 803 Partridge Court, Hockessin, DE 19707
www.jobrady.weebly.com / joebrady1@verizon.net OR
Angie Crowl anglcrowl@aol.com / 302-425-5054

We, the undersigned, agree to hold organizers of the Diamond State Line Dance Workshop and their agents Harmless from suits, claims and demands of every kind and character arising out of and in conjunction with the event. I understand the physical risk of social dancing and assume full responsibility for any injury or personal damages resulting from the event mentioned above. I certify that I am 18 years or older (applicable to Legal Guardian if under 18 years of age).

I acknowledge there are no refunds or credits or carry overs after payment has been made.

→ Signature: _____ Phone Number: _____ Date: ____/____/____

Office Use Only:

Type of Payment Received: _____ Date Received: _____