

# Motor City Dance Classic

October 23<sup>rd</sup> – October 26<sup>th</sup>, 2025

## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Event Fees	Before 8/1/25	After 8/1/25	Qty	Total
<b>Weekend Pass</b> – includes all workshops, evening dances	\$115	\$125		\$
<b>Group Weekend Pass</b> –(8 or More) Must send registrations in one envelope	\$110	\$120		\$
<b>Friday Day Pass</b> – includes Fri workshops and evening dance	\$65	\$70		\$
<b>Saturday Day Pass</b> – includes Sat workshops and evening dance	\$65	\$70		\$
<b>Thursday Dance Only</b> – 7:00pm – Close	\$10	\$10		\$
<b>Friday Dance Only</b> – 8:00pm – Close	\$10	\$10		\$
<b>Saturday Dance Only</b> – 8:00pm – Close	\$10	\$10		\$
<b>Spectator Pass</b> –For non-dancers – admission to watch friends and family dance.	\$25	\$30		\$
<b>Printed Step Book (pre order only)</b>	\$20	\$20		\$
<b>Step Sheets on USB Drive (pre order recommended)</b>	\$15	\$15		\$
<b>Event T-Shirt (Must be preordered by 9/15/25)</b> Add \$5 for 3x or larger. Indicate Size _____ Indicate Style: Mens _____ Ladies Fitted _____	\$25	\$25		\$
<b>Credit Card Processing Fee</b>	\$6	\$6		\$
<b>Total Fees</b>				\$

I, the undersigned, for myself, heirs, executors, and administrators, hereby waive, fully release and agree to hold harmless the organizers of the event, employees, staff members, and agents from any and all lawsuits, claims or demands arising from and in connection with this event, whether as a spectator, attendee, or staff member. I understand the physical risk of social dancing and assume full responsibility for any injury or personal damages resulting from my participation in this event. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast and/or distribution of any videotape and photographs taken of me during the activities associated with the event, without limitations. I, the undersigned, understand that this dance event includes close proximity over an extended period of time. Because of this, there may be an elevated risk of disease transmission, including COVID-19. I certify that I am 18 years or older (applies to Legal Guardian if under 18 years of age). I understand and fully acknowledge that NO REFUNDS will be issued.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make Checks Payable to SteelMill Dance Productions, LLC & Mail registrations to:  
SteelMill Dance Productions, LLC, 36732 Chene Dr. Sterling Heights, MI 48310

Credit Card# \_\_\_\_\_ Exp \_\_\_\_\_ Sec Code \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_