

BOSTON CUP 2010 U.S. TEAM REGISTRATION FORM



Team: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Coaches'/Judges' Information (Athletes' Information on next page)

Name	Judging Level	Email	Phone

Please make checks payable to Rhythmic Dreams.

Please include all charges in final payment: competition fees (see next page), camp (\$50/day/athlete), and banquet (\$25/person).

EARLY BIRD registration and payment due December 30, 2009.

All payments and registrations due February 1, 2010.

Questions? Call 1-617-233-4493 or email smaranda@rhythmicdreams.com

**Send forms and
payment to:**

Rhythmic Dreams
P.O. Box 24
Newton, MA 02464

BOSTON CUP 2010 ATHLETE REGISTRATION FORM



TEAM NAME: _____

Name	Birth Date	Level	USAG #	Camp Fees (\$50/day)				Competition Fee (see below)	Banquet Fee (\$25)	TOTAL
				Tuesday	Wednesday	Thursday	Friday			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
TOTAL									\$	

Competition Fees

Level 3 - \$60	Level 7 - \$100
Level 4 - \$70	Level 8 - \$120
Level 5 - \$80	Level 9 - \$140
Level 6 - \$90	Level 10 - \$140

If registration is postmarked before 12/30/09,
subtract 10% from competition fees.