



DANCE TEAM UNION
UNITE. CREATE. SUCCEED.

NATIONAL CHAMPIONSHIP

FEB. 3 - 5, 2017

Hosted at the



DOUBLETREE
BY HILTON™
UNIVERSAL ORLANDO

CHAMPIONSHIP HIGHLIGHTS



SCHOLARSHIPS! Given to the winners and top-placing teams in each category.

NATIONAL CHAMPIONSHIP RINGS! Wear them with pride!

AN INCREDIBLE MASTER CLASS! We want your teams to have the opportunity to continue to learn incredible things at our National Championship!

PARTIES AND AGE APPROPRIATE ENTERTAINMENT! We will have a Welcome Party, a Pool Party with our DJs, and a Battle Of The DJs Party!

IMPRESSIVE PRODUCTION! Our production team is creating an one-of-kind atmosphere, complete with all the pyrotechnics you want to witness at a National Championship!

FAN T-SHIRTS! We will be including Fan Tees customized for your team to anyone who joins in with these package deals, INCLUDING the Spectator Package!

THEME PARK TICKETS! Instead of forcing you to buy them, we will have them available for custom order at a discounted price.

HOTEL PACKAGES INCLUDE

- HOTEL ACCOMMODATIONS
- ROUND TRIP TRANSPORTATION TO AND FROM AIRPORT
- REGISTRATION AND ADMISSIONS
- 15% DINNER DISCOUNT AT HOTEL DISCOUNTED LUNCH BUFFET
- 2 BUFFET BREAKFAST MEAL VOUCHERS SPECTATOR/PARTICIPANT FAN
- T SHIRT MASTER CLASSES FOR PARTICIPANTS
- ACCESS TO ALL DTU ON-SITE ACTIVITIES

Every participant has two routines included in the package.

Additional routines \$40/dancer per routine.

Each team may perform one dance in every style!

YOUR REGISTRATION CHECKLIST

Send all payments and registration to:
Dance Team Union
P.O. Box 538 Pasadena, MD 21123

DEPOSIT DUE DATE: OCT. 15, 2016

FINAL BALANCE DUE: DEC. 1, 2016

TEAM CHECKLIST

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SPECTATOR CHECKLIST

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Questions?

Feel free to contact us!

WWW.DANCETEAMUNION.COM

PHONE: 502-396-1864



SCHOOL AND ALL STAR REGISTRATION FORM

PLEASE PRINT

School/Team Name _____

School/Team Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Coach/Advisor _____
(All correspondence will be sent to this address.)

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Please fill out the information below and include the number of dancers performing each routine. Any danc-

DIVISION

CATEGORY

NUMBER OF DANCERS

<input type="checkbox"/> Middle School	*1st Routine	<input type="checkbox"/> Pom	<input type="checkbox"/> Jazz	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Kick	<input type="checkbox"/> Team Performance	_____
<input type="checkbox"/> Junior Varsity	*2nd Routine	<input type="checkbox"/> Pom	<input type="checkbox"/> Jazz	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Kick	<input type="checkbox"/> Team Performance	_____
<input type="checkbox"/> Varsity	3rd Routine	<input type="checkbox"/> Pom	<input type="checkbox"/> Jazz	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Kick	<input type="checkbox"/> Team Performance	_____
<input type="checkbox"/> All Star - Mini	4th Routine	<input type="checkbox"/> Pom	<input type="checkbox"/> Jazz	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Kick	<input type="checkbox"/> Team Performance	_____
<input type="checkbox"/> All Star - Youth	5th Routine	<input type="checkbox"/> Pom	<input type="checkbox"/> Jazz	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Kick	<input type="checkbox"/> Team Performance	_____
<input type="checkbox"/> All Star - Junior	* 1st and 2nd routine included in Hotel Package and Commuter pricing. Additional routines are \$40/per person per routine.						

SCHOOL ROSTER

School Team Name: _____

City/State: _____

Check one:

☐ Jr High ☐ JV ☐ Varsity



Please fill out the list below with all dancers performing at DTU Nationals. If a dancer is also competing with an All Star team at this event, please indicate in the crossover box.

CROSSOVER FEE is \$100/person and includes 2 routines with the crossover team. Additional crossover routines will be \$40/dance

Participant Name	Grade	POM	JAZZ	Hip Hop	TP	Kick	# of Routines	Cross-over	All Star Team
Example: Kaitlin Brown	10	x		x	x		3	x	Senior Elite
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									

ALL STAR ROSTER

School Team Name: _____

City/State: _____

Check one:

☐ Mini ☐ Youth ☐ Jr ☐ Sr



Please fill out the list below with all dancers performing at DTU Nationals. If a dancer is also competing with a school team at this event, please indicate in the crossover box.

CROSSOVER FEE is \$100/person and includes 2 routines with the crossover team. Additional crossover routines will be \$40/dance

Participant Name	Grade	POM	JAZZ	Hip Hop	TP	Kick	# of Routines	Cross-over	All Star Team
Example: Kaitlin Brown	10	x		x	x		3	x	Senior Elite
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									



School Team Name: _____

City/State: _____

TEAM HOTEL PACKAGE FORM

Hotel Accommodations:

DOUBLETREE BY HILTON UNIVERSAL ORLANDO

5780 Major Blvd.

Orlando, FL 32819

*Check all that apply.

☐ 4 NIGHT PACKAGE

QUAD	\$385/person
TRIPLE	\$445/person
DOUBLE	\$560/person
SINGLE	\$880/person

☐ FEB. 2 - 6, 2017

☐ FEB. 3 - 7, 2017

Contact us for other options.

☐ 3 NIGHT PACKAGE

QUAD	\$340/person
TRIPLE	\$375/person
DOUBLE	\$465/person
SINGLE	\$720/person

☐ FEB. 2 - 5, 2017

☐ FEB. 3 - 6, 2017

Contact us for other options.

☐ 2 NIGHT PACKAGE

QUAD	\$299/person
TRIPLE	\$315/person
DOUBLE	\$385/person
SINGLE	\$565/person

☐ FEB. 3 - 5, 2017

☐ FEB. 4 - 6, 2017

Contact us for other options.

☐ COMMUTER PACKAGE

**Includes registration
and admissions \$210/person**

Hotel Name: _____

Hotel Phone Number: _____

Name on Reservation _____

☐ LOCAL RESIDENT

☐ OTHER HOTEL

All reservations are booked on a first-come, first-served basis.

In the event we are oversold, DTU will provide a comparable hotel location.

Transportation to and from the competition venue will be provided.

School Team Name: _____

City/State: _____

ROOMING LIST

Coach/Advisor should fill out the rooming list below. Double room packages may include a single King bed. Complete the form for each member traveling with the team, whether or not he/she is a participant.

Room 1	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 2	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 3	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 4	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 5	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 6	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 7	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 8	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 9	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 10	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 11	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room 12	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARRIVAL DATE _____

DEPARTURE DATE _____



TEAM PAYMENT

School Team Name: _____

City/State: _____

DTU accepts school checks, money orders, cashier's checks, or credit cards. No personal checks are allowed. Submit this form for each payment. Credit Card information will not be saved for automatic payments.

☐ Deposit(\$100/person) ☐ Final Payment ☐ Full Payment

Please choose from the following payment options:

☐ SCHOOL CHECK ☐ MONEY ORDER ☐ CASHIER'S CHECK

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Name on Card _____

Billing Address _____

City, State, Zip _____

Phone _____ Alt. Phone _____

Email _____

Credit Card Number

Expiration Date ____/____/____

CVV Code _____

Signature _____

DEPOSIT INFORMATION

of Participants _____ x \$100 = _____

of Coach/Advisor _____ x \$100 = _____

of Spectators _____ x \$100 = _____

If deposit incentive received by July 15(if applicable) -(\$1000)

TOTAL DEPOSIT

FINAL PAYMENT INVOICE WILL BE SENT ONCE REGISTRATION IS RECEIVED

**FINAL OR FULL PAYMENT
TOTAL AMOUNT ENCLOSED**



TEAM POLICY

Please read over the important information listed below and sign at the bottom to acknowledge your understanding of these policies.
Registration will not be accepted until this form is signed.
Coach/Advisor signature will act as a representation of all participants under the team's registration.

PAYMENT POLICY

Deposit Due Date: Oct. 15, 2016

Final Payment Due Date: Dec. 1, 2016

Final payment invoice will be sent once registration is received.
ONLY school checks, money orders, cashier's checks, or credit card will be allowed for payment.

CANCELLATION POLICY

All cancellations must be submitted to DTU in writing by email to Bridie Pruett at bridie@danceteamunion.com on or before the following cancellation deadlines.

DEADLINE	CANCELLATION FEE
Dec. 15, 2016	\$100/person
Jan. 11, 2017	\$175/person
On or after Jan. 11	Full Forfeiture

CATEGORY/DIVISION POLICY

1. All hotel packages and commuter rate include two routines for each participant. Additional routines will be charged at the rate of \$40/dancer per routine.
2. Crossovers between school teams and all star teams will be \$100.00/dancer.
3. Additional routine deadline will be on or before JAN. 16, 2017. This must be submitted in writing and any additional fees must be postmarked by that date.
4. Category and Division changes will be allowed on or before JAN. 16, 2017. These must be submitted in writing by email to the DTU office. Any changes after this date will only be allowed due to family emergency or injury. Appropriate documentation must be provided.

I acknowledge that I have read all parts of this document and accept its contents. I understand that I am responsible for communicating the above information to all parties involved with this registration.

Team Name _____

Coach/Advisor Name _____

Signature _____ Date _____

SPECTATOR REGISTRATION FORM

DTU would like to welcome family and friends to enjoy the same exciting incentives in our Nationals packages. Please fill out one form per family and the person listed on this form will receive all important DTU Nationals information.

School/Team Name_____

Name_____

Address_____

City_____ State_____ Zip Code_____

Phone Number_____ Email_____

ROOMING LIST

**DEPOSIT DUE: OCT. 15 (\$100/PERSON)
FINAL PAYMENT DUE: DEC. 1**

ARRIVAL DATE_____ DEPARTURE DATE_____

Room 1	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARRIVAL DATE_____ DEPARTURE DATE_____

Room 2	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARRIVAL DATE_____ DEPARTURE DATE_____

Room 3	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARRIVAL DATE_____ DEPARTURE DATE_____

Room 4	P	C	S
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Contact Name: _____
City/State: _____

SPECTATOR HOTEL PACKAGE FORM

Hotel Accommodations:
DOUBLETREE BY HILTON UNIVERSAL ORLANDO
5780 Major Blvd.
Orlando, FL 32819

*Check all that apply.

☐ 4 NIGHT PACKAGE

QUAD	\$385/person
TRIPLE	\$445/person
DOUBLE	\$560/person
SINGLE	\$880/person

☐ FEB. 2 - 6, 2017

☐ FEB. 3 - 7, 2017

Contact us for other options.

☐ 3 NIGHT PACKAGE

QUAD	\$340/person
TRIPLE	\$375/person
DOUBLE	\$465/person
SINGLE	\$720/person

☐ FEB. 2 - 5, 2017

☐ FEB. 3 - 6, 2017

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QUAD	\$299/person
TRIPLE	\$315/person
DOUBLE	\$385/person
SINGLE	\$565/person

☐ FEB. 3 - 5, 2017

☐ FEB. 4 - 6, 2017

Contact us for other options.

\$100/PERSON DEPOSIT DUE OCT. 15

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Dance Team Union
P.O. Box 538 Pasadena, MD 21123

FINAL BALANCE DUE DEC. 1

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Transportation to and from the competition venue will be provided.

SPECTATOR PAYMENT

Contact Name: _____
City/State: _____

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☐ Deposit(\$100/person) ☐ Final Payment ☐ Full Payment

Please choose from the following payment options:

☐ SCHOOL CHECK ☐ MONEY ORDER ☐ CASHIER'S CHECK

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Name on Card _____

Billing Address _____

City, State, Zip _____

Phone _____ Alt. Phone _____

Email _____

Credit Card Number

Expiration Date ____/____/____ CVV Code _____

Signature _____

DEPOSIT INFORMATION

of Participants _____ x \$100 = _____

of Coach/Advisor _____ x \$100 = _____

of Spectators _____ x \$100 = _____

If deposit incentive received by July 15(if applicable) -(\$1000)

TOTAL DEPOSIT

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**FINAL OR FULL PAYMENT
TOTAL AMOUNT ENCLOSED**





SPECTATOR POLICY

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Jan. 11, 2017	\$175/person
On or after Jan. 11	Full Forfeiture

CATEGORY/DIVISION POLICY

I acknowledge that I have read all parts of this document and accept its contents. I understand that I am responsible for communicating the above information to all parties involved with this registration.

Team Name _____

Contact Name _____

All adults registered under this package must sign below

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____



DANCE TEAM UNION
UNITE. CREATE. SUCCEED

Universal Orlando® Ticket Order Form

GROUP INFORMATION

Team Name		
Contact Name	Contact Email	
Mailing Address		
City	State	Zip Code
Phone Number	Alternate Phone Number	

TICKET ORDER

	Rates	Quantity	Amount
Base Tickets: Choose either Universal Studios Florida® or Universal's Islands of Adventure®			
1 Day Base	\$85.00		
2 Day Base	\$111.00		
Park to Park Tickets: Both Universal Studios Florida® and Universal's Islands of Adventure® in the same day			
1-Day Park to Park	\$99.00		
2-Day Park to Park	\$131.00		
3-Day Park to Park	\$148.00		
4-Day Park to Park	\$170.00		
PARK-TO-PARK + WET 'N WILD® COMBO TICKETS: Both Universal Studios Florida® and Universal's Islands of Adventure® on the same day, plus Wet 'n Wild Orlando® waterpark.			
2-Day Combo Ticket	\$162.00		
3-Day Combo Ticket	\$179.00		
UNIVERSAL DINING CARD Valid for one (1) Quick Service meal to include: one (1) entrée, one (1) non-alcoholic beverage and one (1) dessert at participating restaurants indicated by the Universal Dining Plan symbol in Universal Studios Florida®, Universal's Islands of Adventure® theme parks and Universal CityWalk® OR one (1) meal and one (1) soft drink beverage from a select menu at participating Universal CityWalk® locations. Universal Dining Card is a one- time use, is not reloadable and will not be replaced if lost, stolen or destroyed. Participating locations are subject to change without notice and venue operating hours may vary by location. Theme park admission is required for dining in Universal Studios. One card per person will be utilized for multiple meals.			
	Quantity	Amount	Meals Per Person
Universal Dining Card - \$16 + tax (\$17.04)			
			Amount
Grand Total			

*Payment will be taken in the form of school checks, money orders, or cashier checks. No personal checks will be allowed.