

PDF Registration Form

Please print information– Make checks payable to: PDF
Send to Maria Hansen, 12 Collingwood, Alisio Viejo, CA 92656, USA

Name: _____

Address: _____

City: _____

State/Province: _____

Zip: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

Payment Options:

3 Years = \$90.00 (\$30.00 per year)

2 Years = \$65.00 (\$32.50 per year)

1 Year = \$40.00

To better serve our members please circle all that apply:

Adjudicator Coach Franchisee Independent Organizer

Pro/Am Student Pro/Am Teacher Professional Competitor

Studio Owner Number of competitions attended yearly ____

Thank you.