

## Director checklist for Vision Series Fundraiser Workshop

### Info related to all pages in this document:

1. Save this entire document to your computer.
2. Print and fill out the Registration Form and Director Contract (pg. 2). Please don't forget the following:
  - a. Number of final participants (we can reimburse up to 2 the day of the event, see contract terms)
  - b. Price per participant determined by dRep Director (call 415.225.0934 if unsure).
  - c. Any additional fees as determined between you and the dRep Director.
  - d. Total amount due. Checks are made payable to Dance Repertory.
  - e. Please take note of the cancellation rules and regulations.
  - f. Put name of workshop location in the blank(s) in the Workshop terms.
3. Print out the Participant Medical Waiver (pg. 3) and copy for all those attending the workshop.
4. Have the students and parents fill out and sign the waiver as directed. If the participants are over 18, they need to fill one out, too, but with no parent signatures.
5. The day of the event, collect all the waivers and send this contract, waivers and check(s) to our address below. If dRep Director Donnette Heath is present, give these documents to her before the workshop is over.
6. If Donnette Heath is not present, please do not give this information to any of the teachers, you must send it.

### Flyer and biographies to post at your location:

For your convenience, we have made a flyer for you to post at your location with biographies of the master teachers. We ask that you please copy and distribute to all of your students for their parent to learn about us.

### If you need a detailed invoice for check requests:

1. We have already sent you a General Workshop Invoice via e-mail. If you have not received it or need it again, please contact me at 415.225.0934 immediately.
2. Save it to your computer in the same area as this document.
3. Fill out the invoice in all applicable areas on your computer.
4. Use that invoice as a submission for check request(s). Participant counts and/or fees vary between schools, so you can alter the document as needed.

### Additional directions:

1. Dance Repertory will send all Directors an information page that will provide all contact information of the personnel designated for your fundraiser. If you do not receive this information at least one week prior to your workshop date, call Donnette Heath at 415.225.0934. The same information is being sent to our personnel.
2. Call the all contacts designated (teachers) at least one week prior to the workshop day to confirm details with them: address, where they go to find your studio when they arrive, etc. This is very important because in many cases the dRep Director, Donnette Heath is not present for your fundraiser or arrives after the workshop has begun. Our staff is growing and we need your assistance. Thanks!
3. Be sure to have a sufficient sound system available for the master teachers. They have been told to bring only CD's when possible. We are aware you might not have appropriate equipment for Mp3 players, etc.
4. Help the teacher's with music during their class, it would be very helpful.

### Opening Speech to Participants:

Also be prepared to give the following speech to all the participants at the beginning of the workshop to help the students understand what the workshop is about and the philosophy behind the Vision Series. The students will be more prepared and at ease, especially those that have not participated before.

Welcome to the Vision Series workshop, presented by Dance Repertory! The basic philosophy behind the Vision Series and all its programs is to embrace and support all levels of dancers and choreographers. We all know that dance can be very competitive and unforgiving. But most of all, we all tend to be very hard on ourselves, judgmental of those sharing the class with us and even judgmental of the material. We come today with an open mind and open heart to have a new and exciting experience. We at Dance Repertory strive to give you the most professional and challenging class possible. However, we purposely mix the technique levels so we are all equals, at least for today. Those that are more advanced are here to be a role model in every way, yet still challenge themselves with new material and expect even more of themselves. Those that aren't as skilled are embraced and can take the challenging material, do their best with a smile and not expect too much out of themselves. Everyone should look to each other, not at each other, ask questions and laugh at yourselves! It is important to note that we can all laugh at each other in a supportive and constructive way.

The purpose of this workshop is not to prove what a great dancer you are, but to learn and give of yourself to the teachers and those around you in a new, loving, unconditional way. If you tend to be judgmental (who isn't?), we must all make a promise now to leave our judgments at the door. That includes everyone – yourself, others and the teacher providing you with the best material created especially for you from their heart. We must all keep an open mind and heart! Let's leave criticism at the door! NOW, LET'S DANCE!

**Dance Repertory's  
Vision Series Dance Workshop  
Registration Form and Director Contract  
(Return to dRep day of workshop)**

Workshop date \_\_\_\_\_ City/Location \_\_\_\_\_

Name of High School, Studio or Company \_\_\_\_\_

Director or Contact Name \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Phone number(s): \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Number of participants: \_\_\_\_\_ x \$ \_\_\_\_\_ each = \$ \_\_\_\_\_

Additional expenses as discussed with dRep Director \$ \_\_\_\_\_

**FINAL FEE DETERMINED BY DANCE REPERTORY AND ALL PARTIES \$ \_\_\_\_\_**

**NOTE:** Submit **ONE** check for **ENTIRE** group (payable to Dance Repertory)

**Workshop Terms & Conditions**

As signified by my signature below, I hereby understand and agree to adhere to the following requirements of Dance Repertory's Vision Series Dance Workshop on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_ (state).

(Please initial each line item)

- \_\_\_\_\_ 1. I understand that my school or group is responsible for the above amount if we do not cancel either partial or full participation by 7 days prior to the event.
- \_\_\_\_\_ 2. I have to submit all required registration and medical release information for my participants, including parent/guardian information and signature(s) of students under 18 years of age. If not, I understand that any representative(s) of Dance Repertory (dRep) or \_\_\_\_\_ is not responsible for any injury or sickness that may occur throughout this day.
- \_\_\_\_\_ 3. If I have participants over 18 years of age, I have to submit all required registration and medical release information for these participants. If not, I understand that any representative(s) of the above organizations are not responsible for any injury or sickness that may occur at this workshop.
- \_\_\_\_\_ 4. I understand that the above organizations and any representatives affiliated with them is not responsible for any lost, stolen or damaged items.
- \_\_\_\_\_ 5. I give any representative(s) of the above organizations permission to utilize my school or studio name, photograph or image in any advertising materials or promotional information about the company or this event now or in the future.
- \_\_\_\_\_ 6. I understand that all choreography included in Vision Series Dance Workshop cannot be replicated or utilized in any way for future dance performances, competitions or related dance events in which I may participate. I understand it is the sole property of the Workshop participants and the dRep affiliated choreographers who have granted permission to utilize the material. I understand dRep will take necessary action upon me and that I will be held legally responsible.

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

**Questions? Please call Donnette Heath (415) 225.0934  
Website: [www.dancerepertory.org](http://www.dancerepertory.org) e-mail: [drepworkshops@earthlink.net](mailto:drepworkshops@earthlink.net)  
Headquarters: 22 Neperan Road Tarrytown, NY 10591**

**Vision Series Dance Workshop  
Participant Medical Waiver**

(This form must be copied, collected and submitted for each performer. Must be returned at Workshop Check-In.)

**Note:** Must be typed or printed very clearly. Anyone under 18 must have legal parent/guardian signature.  
No one is allowed to participate without this form complete and with required signatures.

Name of School or Company: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Mailing address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ e-mail: \_\_\_\_\_

Emergency contact name & number(s): \_\_\_\_\_

Are you taking any special medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify:

\_\_\_\_\_  
\_\_\_\_\_

**(UNDER THE AGE OF 18)**

I, the undersigned, understand that dance performances & classes may involve some degree of physical injury risk and therefore I agree to cover any loss and waive any claim against Dance Repertory (dRep) or \_\_\_\_\_ directors, officers, employees, contractors and/or agents of these organizations for any liability or loss, whether negligent or otherwise. Furthermore, I agree to indemnify dRep or \_\_\_\_\_ directors, officers, employees, contractors and/or agents of these organizations for any acts of my child in which any claim of liability may arise, including claim(s) for personal injury, property damage or intellectual property infringement. I also agree and understand that my child is not an employee or agent of dRep or \_\_\_\_\_.

I give my child, \_\_\_\_\_, permission to participate in full. In the event that no one can be reached at the above numbers, I give my permission for dRep to seek emergency medical assistance for my child.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**(OVER THE AGE OF 18)**

I, the undersigned, understand that dance performances & classes may involve some degree of physical injury risk and therefore I agree to cover any loss and waive any claim against Dance Repertory (dRep), \_\_\_\_\_ directors, officers, employees, contractors and/or agents of these organizations for any liability or loss, whether negligent or otherwise. Furthermore, I agree to indemnify dRep or \_\_\_\_\_ directors, officers, employees, contractors and/or agents of these organizations for any acts of myself in which any claim of liability may arise, including claim(s) for personal injury, property damage or intellectual property infringement. I also agree and understand that I am not an employee or agent of dRep, or \_\_\_\_\_. In the event that no one can be reached at the above numbers, I give my permission for dRep to seek emergency medical assistance.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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