

**DELCO**  
**Scottish Dance Workshop**  
**\*\* February 6<sup>th</sup> – 8<sup>th</sup> 2009\*\***  
**Park Ridge**

480 North Gulph Rd.  
King of Prussia, PA 19406  
Tel **(610) 337-1800**

**(please print, fill-out and mail to the address below)**  
**[FORMS: Page 1 – Workshop, Page 2 – Competitions]**

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With Instructors from Scotland and Canada:

Scotland: Christine Aitken, Gregor Bowman and Christine Lacey; Canada: Angus MacKenzie and Joy Tolev; US: Diane Krugh

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**\$130 – 3 Day | \$110 – 1-Day Beginners | \$5 Primary Competition**

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Make Checks Payable to: **PHDA**  
Send to: **Kathy Park**  
228 2<sup>nd</sup> Ave  
Phoenixville, PA 19460

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## **DELCO Workshop Registration**

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
	<b>Email:</b>

**Check Group:**

<input type="checkbox"/> <b>1-day Beginner</b>	<input type="checkbox"/> <b>Premier 15 and under</b>
<input type="checkbox"/> <b>Beginner</b>	<input type="checkbox"/> <b>Premier 16 and over</b>
<input type="checkbox"/> <b>Novice</b>	<input type="checkbox"/> <b>Teacher</b>
<input type="checkbox"/> <b>Intermediate</b>	

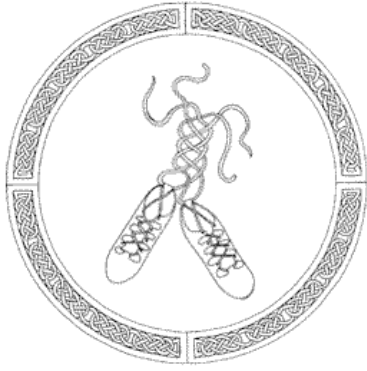
*I hereby for myself (my child), my heirs, executors, and administrators waive and release all rights and claims and hold harmless that I (my child) may have for damages against the Park Ridge, Delco Workshop, its agents, trustees, representatives, officers and employees for any injury or loss which may be suffered by me (my child) during the Delco Mid-Winter Workshop and or any function related to it.*

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Signature  
(or Signature of Guardian if under 18)

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Teacher's Name



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## Competition Registration

(must show registration card to compete)

### Primary

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
	<b>Reg#:</b>

**Check Events:**

<input type="checkbox"/> PDB	<input type="checkbox"/> Fling
<input type="checkbox"/> PDB&HC	<input type="checkbox"/> Sword

**Primary Entry Fee: \$5**

### Choreography (No Fee) – 3 Minutes Maximum

1 - Individual Choreography _____
2. Duet Choreography _____
3. Group Choreography _____

\_\_\_\_\_  
 Signature  
 (or Signature of Guardian if under 18)

\_\_\_\_\_  
 Teacher's Name