

WASCA 50th Spring Square & Round Dance Festival

Hilton Alexandria Mark Center Hotel – Alexandria, VA – March 19, 20, 21, 2009

- JERRY BIGGERSTAFF – North Carolina
- MIKE CALLAHAN – New York
- TIM CRAWFORD – Canada
- MIKE JACOBS – New Jersey
- JIM LEE – Canada
- TIM MARRINER – South Carolina
- TOM MILLER – Pennsylvania
- MIKE SIKORSKY – Arizona
- GEORGE & PAMELA HURD – Texas
- STEVE & IRENE BRADT – Pennsylvania
- RALPH & JOAN COLLIPI – New Hampshire

Directors: ANNE & ANDY GIANCOLI – 12204 NORTHBROOK DR., GLENN DALE, MD 20769
(301) 262-1978 2009FestivalDirector@wascaclubs.com



Festival Registration

Last Name: _____ His First Name: _____ Hers: _____
Address: _____ Child: _____ Child: _____
City: _____ Phone: _____
State, Zip: _____
Email: _____

- Solo Clogging
Squares: M P A C DBD
Rounds: II III IV V VI

_____ Adults at \$40.00 - Regular Full Festival Registration = \$ _____
_____ Adults at \$45.00 - At The Door Full Festival Registration = \$ _____
_____ Children 17 & under at \$10.00 – Full Festival Registration = \$ _____
_____ Clogging Only: Adults at \$15.00 – (Sat. 9am – 5pm & 7 – 9pm) = \$ _____
_____ Clogging Only: Children under 12 at \$5.00 = \$ _____
_____ Yearly Subscription to “Calls ‘n’ Cues” magazine - \$15.00 = \$ _____
After 4/1/08 \$ _____

Amount Enclosed

Please indicate method of payment: Cash Check Money Order Visa Mastercard
Credit Card Number: _____ Expiration Date: _____
Signature: _____

Please make checks and money orders payable to **WASCA**.

Mail to: JOE & STEPHANIE CORSON - 5414 Whitfield Chapel Rd., Lanham, Maryland 20706
(301) 577-1773 2009FestivalRegistration@wascaclubs.com

Housing Reservations – Hilton Alexandria Mark Center Hotel, Alexandria, VA

Name: _____
Address: _____
City, State, Zip: _____
Number of People: _____ Phone: (_____) _____ Email: _____

Deposit Required: First Night's Room + Prevailing Tax (12.5% + \$1 Occupancy Fee). Penalty charge for early checkout.

- 1 or 2 persons = \$99 + Tax 3 or 4 persons = \$109 + Tax 1 BR Suite = \$209 + Tax 2 BR Suite = \$309 + Tax
- Bed Type:** Dbl./Dbl. King Smoking Room (limited) Non Smoking Room
- Please reserve room for:** Wed. Mar. 18 Thurs. Mar. 19 Fri. Mar. 20 Sat. Mar. 21
- Check Visa Mastercard American Express Diners Discover

Credit Card Number _____ Expiration Date: _____
Signature: _____

Please make checks and money orders payable to **Hilton Alexandria Mark Center Hotel**.

Mail to: JAY KOLAKOSKI - 8307 Southstream Run, Springfield, Virginia 22153
(703) 455-3009 2009FestivalHousing@wascaclubs.com