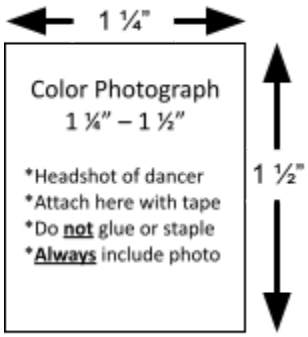
WEST DANCER REGISTRATION APPLICATION

Arizona, California, Nevada, Hawaii

Effective 2026

ScotDance USA

Using check list below, **ALL** items **must** be included to avoid delay in receiving new card.
Please allow 3-week turn-around. **NO RUSH REQUESTS!**
PLEASE PRINT CLEARLY



- □ Self-addressed, stamped full (letter) sized envelope (SASE)
- □ Check or money-order payable to SDUSA or FUSTA (No Cash)
- □ Prior registration card required (if previously registered)
- □ Color photograph of dancer's face (Headshot) required for **all** applications (see details in box)
- □ Signed RSOBHD Code of Ethics and SDUSA Liability Release
- □ Official Document Showing Date of Birth – ex: birth certificate, passport (only for first time registrants)

Send completed form with above items to:

ScotDance USA West Registrar
Betsy Huntley
1710 W Hillcrest Dr, #223, Newbury Park, CA 91320
Email: westregistrar@scotdanceusa.com Phone: 805-861-0704

□ New Dancer Registration □ Dancer Renewal □ Moving Up Category **No add'l fee if within same year. Indicate new category below.* □ Change of Address **No additional fee* □ Change of Teacher **No additional fee*

Dancer's Name _____
Last Name First Name Middle Initial

Address _____
Street Address City State Zip

Parent email _____ Dancer email _____

Phone (_____) _____ Date of Birth _____ Registration number (if known) _____

2026 Registration Class & Fees

Class/Fee	Amount	Notes	Additional Notes
□ Primary	$15	Dancer aged 4 and under 7	
□ Beginner	$30		
□ Novice	$30		
□ Intermediate	$30		
□ Premier	$35	**Premier Only**: Please indicate the USIR regional selection competition in which you plan to compete in 2026. If you are competing outside the region of your residence, you must notify the National Registrar by 2/15/2026.	□ East □ Midwest □ SE □ Southwest □ West □ Northwest □ Not Competing at Reg. Championship
□ Late Fee	$10	Include if your registration form is postmarked after 2/15/2026, unless registering for the first time.	
□ Replacement Fee	$20	The National Registrar (copying the Regional Registrar) must be notified and approve issuance of any replacement card.	
TOTAL	$ ____	Annual SDUSA Admin Fee is now included in annual Class Fee. If advancing categories **after** completing 2026 annual registration, no additional class fee is needed. Please include any Late and/or Replacement Fee in total, if required.	□ **Family Discount**: A discount of $20 per family may be deducted when registering 3 or more dancers from the same family at the same time. Check box if using discount.

I agree to abide by all SDUSA Rules & Regulations and the current RSOBHD Code of Ethics. I accept that my information will be stored by SDUSA on a computer system and will be made available for use by SDUSA and the RSOBHD. I also understand that if I attend any class, workshop or seminar, including tuition by electronic methods e.g. Zoom, I cannot compete in front of any adjudicator who has instructed me at such a training session for a period of 3 months after the last class, workshop, seminar, or tuition.

SIGNATURE OF PARENT OR GUARDIAN OF DANCER_____ **DATE** _____

SIGNATURE OF DANCER (18 and over)_____ **DATE** _____

As the registering dancer's instructor, I have reviewed & approved the above registration, advancement and/or change(s).

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Original Teacher's Signature _____
Must be original signature – photocopies not accepted.

Team Teaching: Yes □ No □ *(If team teaching, please include page 2 with all additional teacher's names, information, and signatures. Registration cannot be completed without all teacher's information and original signatures.)*

FOR OFFICE USE ONLY

Date Rec'd _____ Orig. Reg. Date _____ Reg. # _____ Date Sent _____ Amt. Rec'd. _____ Check # _____

SCOTDANCE USA
TEAM TEACHING FORM

Effective 2026

Team Teaching is defined as multiple certified teachers working together with a dancer either virtually or face-to-face/in person. All teachers on the team must sign the dancer's card on an annual basis.

Team of Teachers for Dancer's Name: _____
Last Name First Name Middle Initial

TEACHER 2:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 3:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 4:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 5:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.