

JAMBOREE 2023



FEBRUARY 3-4, 2023
SSD, PLUS, ADVANCED,
& ROUNDS

Evening program, Friday & Saturday
 Pre-Rounds 7:00-7:30
 SSD/Plus/Rounds 7:30-9:30

Day workshop program, Saturday
 Rounds 10:00-12:00
 Plus 1:30-3:00
 Advanced 3:00-4:30

Contact: Colleen Winters (435) 680-8444

PREREGISTRATION IS ENCOURAGED. PLEASE COMPLETE THE REQUIRED WAIVER ON THE BACK AND RETURN THE WHOLE PAGE AS YOUR REGISTRATION.

SUNSHINE DANCERS JAMBOREE February 3-4, 2023

Send payment to: Sunshine Dancers, P.O. Box 3311, St. George, Utah 84771-3311

NAME(S): _____

ADDRESS: _____

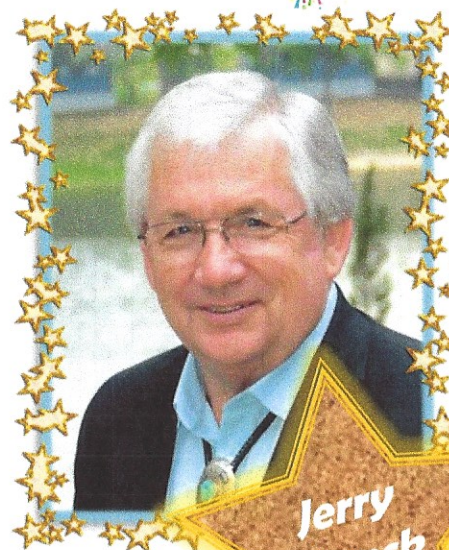
PHONE(S) w/ area code: _____ TEXT OK? ☐ Y ☐ N

BEST EMAIL: _____

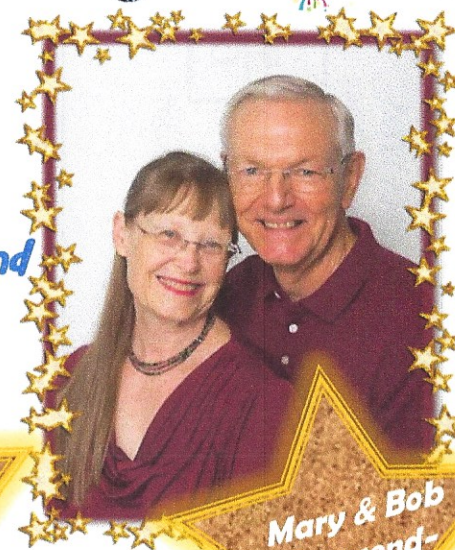
OK TO EMAIL YOU ABOUT FUTURE "SPECIAL" DANCES LIKE THIS? ☐ y ☐ N

PROGRAM	DESCRIPTION	COST EACH PERSON	HOW MANY?	TOTAL DUE
Full package	All programs	\$45		
Evening, each	Pre-Rounds 7:00-7:30 SSD/Plus/Rounds 7:30-9:30	\$25		
Workshop, each	Rounds 10:00-12:00 Plus 1:30-3:00 Advanced 3:00-4:30	\$10		

Starring



and



Jerry Junck

Mary & Bob Townsend-Manning

AWESOME AMAZING PRIZES!

SUNRIVER BALLROOM

4275 Country Club Drive, St. George, Utah



SUNRIVER ST. GEORGE GUEST (RELEASE/WAIVER) INFORMATION

***Residents are responsible for educating and informing their Guests of the Rules & Regulations and must remain with their guests at all times**

THIS WAIVER MUST BE SIGNED AND DATED and will remain valid until year end. It becomes invalid immediately if sponsor terminates residence at this Lot.

**596
LOT**

PLEASE NOTE: If you change residence (move) within the community, Guests must sign new waivers that reflect your current address and Lot #.

Rev. 4/26/2021

***RESIDENT SPONSORING THIS GUEST:**

B R A N D L I K A R E N

LAST NAME FIRST (Please print one letter in each box with spaces where appropriate. Thanks)

SUNRIVER ADDRESS: 1613 IRONWOOD DR.

PHONE #: 435-986-8179

RESIDENT SIGNATURE *Karen Brandli*

IMPORTANT: IF WE CAN'T READ IT, WE CAN'T RECORD IT ☺

This page may be used for an **'INDIVIDUAL ADULT GUEST,' 'GUEST COUPLE,'** or a **'GUEST FAMILY'** as applicable.

Guest # 1 - LAST NAME FIRST (Please print one letter in each box with spaces where appropriate. Thanks)

Guest # 2 - LAST NAME FIRST (Please print one letter in each box with spaces where appropriate. Thanks)

Guest's Home Address

City

State

Zip

I acknowledge that I am aware that certain risks are or may be associated with activities, trips and/or events sponsored by the SunRiver St. George Community Association and/or any SunRiver St. George Club or Group and I personally assume all such risks for the participation of myself or my children, and all guests, invitees and assigns thereof, (where applicable) in any of said activities in which we take part. I assume full responsibility to become educated regarding the proper and safe use of any equipment associated with the activities in which I am involved, and the responsibility to abide by all safety rules promulgated by the SunRiver St. George Community Association in relation to said activities. I likewise assume full responsibility to obtain medical clearance from my physician to participate in the activities offered by these entities.

In consideration of the permission granted to me by the SunRiver St. George Community Association and/or any SunRiver St. George Club or Group to participate in the activities, trips and/or events thereby sponsored, I hereby release SunRiver St. George Community Association, PMP Management and their agents or employees (the "Released Parties") from all actions, causes of action, damages, claims or demands which I or my heirs, executors or assigns may have against these entities/persons for all personal injuries or property loss or damage which I may incur by participating in said activities.

I agree to abide by all Rules and Regulations of the SunRiver Community Association including signage.

In witness whereof, I have executed this release this _____ day of _____ in the year of _____.
(day) (month) (year)

Signature - Adult Guest #1

Signature - Adult Guest #2

- ▶ Top portion must be filled out and signed by the Resident sponsoring the Guest.
- ▶ Each Individual Adult Guest, Guest Couple, or Guest Family must fill out (as applicable) and sign and date this waiver.
- ▶ These work in conjunction with the Guest Punch Card - one punch per guest per day.

Please list minor children below:

	Name	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Staff Receiving Document