**USAWest Square Dance Festival -- Helena, MT**

**ROUND DANCE PROFILE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name First Name Partner Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Street Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address Home Phone Cell Phone

How many years have you been cueing? \_\_\_\_\_\_ years Teaching? \_\_\_\_\_\_ years

How many USAWest's have you attended? \_\_\_\_\_\_

Please check off the areas in which you are willing to participate:

1. Cue in Round Dance Hall? \_\_\_\_ Ph III \_\_\_\_ Ph IV \_\_\_\_ Ph V
2. Cue in Square Dance Hall? \_\_\_\_ Ph II (Plus Hall)
3. Master of Ceremonies? \_\_\_\_ Yes \_\_\_\_ No
4. Showcase and Teach? \_\_\_\_ Ph II \_\_\_\_ Ph III \_\_\_\_ Ph IV \_\_\_\_ Ph V

5. Willing to be a rhythm clinician? \_\_\_ Yes \_\_\_ No

If so, what rhythm(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days you are available (Please mark morning, afternoon and/or evening)

Thursday, August 13, 2015 \_\_\_\_ Morning \_\_\_\_\_\_ Afternoon \_\_\_\_ Evening

Friday, August 14, 2015 \_\_\_\_ Morning \_\_\_\_\_\_ Afternoon \_\_\_\_ Evening

Saturday, August15, 2015 \_\_\_\_ Morning \_\_\_\_\_\_ Afternoon \_\_\_\_ Evening

Are you taking part in another area during the Festival? \_\_\_\_ Yes \_\_\_\_ No

(i.e. Calling, Prompting, Clinics, etc)

If so, in what way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your partner programmed separately during the event? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If "Yes", please give Partner's full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please return profile by \_\_\_\_March 1, 2015\_\_\_\_\_ to:

Douglas Dodge, Chair of Round Dance

[USAWest.Helena.Rounds@gmail.com](mailto:USAWest.Helena.Rounds@gmail.com)

406-860-1186

Please email communications whenever possible. If this is not possible, call me.

\*\*\*PLEASE NOTE\*\*\*

You must be registered to participate

**You must possess an up to date BMI ASCAP license to be programmed as a cuer and/or instructor during the USAWest. You must show proof of license at check-in.**

Date received\_\_\_\_\_\_\_\_\_