

WASCA 49th Spring Square & Round Dance Festival

Hilton Alexandria Mark Center Hotel – Alexandria, VA

March 13, 14, 15, 2008

- MIKE CALLAHAN – New York
- TOM MILLER – Pennsylvania
- TIM CRAWFORD – Canada
- MIKE SIKORSKY – Arizona
- JIM LEE – Canada
- DAVE WALKER – Michigan
- TIM MARRINER – North Carolina
- ALLEN & CAROL LILLEFIELD – Indiana
- RALPH & JOAN COLLIPI – New Hampshire
- WAYNE & BARBARA BLACKFORD – Florida/Arizona

Directors: NICK & CHRIS CAPOZIO – 400 EAST 6TH STREET, FRONT ROYAL, VA 22630
 (540) 636-2323 (703) 932-0336 2008FestivalDirector@wascaclubs.com

WASCA Spring Party 2008

"Dancing Thru the Enchanted Garden Gate"



Festival Registration

Last Name: _____ His First Name: _____ Hers: _____

Address: _____ Child: _____ Child: _____

City: _____ Email: _____ Phone: _____

State, Zip: _____ Solo Clogging

Club Affiliation(s): _____ Squares: M P A C

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: (Saturday 9am – 5pm & 7 – 9pm) Adults \$15.00 = \$ _____
- _____ Clogging only: Children under 12 \$5.00 = \$ _____
- _____ Yearly Subscription to "Calls 'n' Cues" magazine - \$12.00 = \$ _____

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:

REBA HEFFERNAN (703) 327-4674 **JANET KELLEY** (703) 437-4776
 25366 Ashbury Dr., South Riding, VA 20152 12720 Taustin Lane, Herndon, VA 22209
 2008FestivalRegistration@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 + Tax (10.5% + \$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: Db1./Db1. King Smoking Room (limited) Non Smoking Room

Please reserve room for: Wed. Mar. 12 Thurs. Mar. 13 Fri. Mar. 14 Sat. March 15

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: TOM & NANCY STAFFORD - 7731 Virginia Lane, Falls Church, VA 22043
 (703) 573-8378 2008FestivalHousing@wascaclubs.com