

JAMBOREE 2023



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

Starring



Jerry Junch

and



Mary & Bob Townsend-Manning

SUNRIVER BALLROOM
4275 Country Club Drive
St. George, Utah

**AWESOME
 AMAZING
 PRIZES!**

Contact: Colleen Winters (435) 680-8444

**PREREGISTRATION IS ENCOURAGED. PLEASE
 COMPLETE THE REQUIRED WAIVER ON PAGE 2
 AND RETURN IT WITH YOUR REGISTRATION.**

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

SUNSHINE DANCERS JAMBOREE February 3-4, 2023
 Utah 84771-3311

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

NAME(S): _____

ADDRESS: _____

PHONE(S) w/ area code: _____ BEST EMAIL: _____

TEXT OK? ☐ Y ☐ N 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		



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.**

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

**596
LOT**

*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

Please list minor children below:

Name

Age

1. _____
2. _____
3. _____
4. _____

► 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.

Staff Receiving Document