



**Curt
Braffet**
Illinois



**Cathy & Fred
Fisher**
Arkansas

69th Kansas State Square Dance Convention June 2 & 3, 2023



4-H Building & Kenwood Hall
Salina, KS
Friday—6:30 to 10:30 pm
Saturday—8:30 am to 10:30 pm

(Please Print or Type)

Last Name _____
His _____ Hers _____
Youth _____
Address _____
City _____ State _____ Zip _____
Email Address _____ Club _____

Kansas Dancers Please Circle Your District: Blue Gold
Out of State callers wishing to be programmed, check here ____

Deadline to be programmed is February 15, 2023.
All callers and cuers must be licensed to call/cue at this event.

www.kansasstatesquaredanceconvention.com

Dancer Coordinator

Twyla Kovac
Newton, KS
316-283-7447
twyla1990-mary@yahoo.com

Caller Coordinators

Tammy & Bill Gough
Wichita, KS
316-371-3991
btsgough@cox.net

Pre-Purchased Ribbon (Per Person)		Youth = 8 - 17	Ribbon at the Door (Per Person)	
All Sessions	_____ # Adult \$30.00	_____ # Youth \$5.00	Adult \$35.00	Youth \$12.00
Friday Night Only	_____ # Adult \$10.00	_____ # Youth \$2.00	Adult \$13.00	Youth \$ 6.00
Saturday All Sessions	_____ # Adult \$25.00	_____ # Youth \$4.00	Adult \$28.00	Youth \$ 9.00
Saturday Night Only	_____ # Adult \$15.00	_____ # Youth \$3.00	Adult \$18.00	Youth \$ 7.00

Total Amount Included: \$ _____ (circle one) Cash Check Credit Card
To pay with a credit card, fill out section below. Please note that a 4% credit card fee will be added to the total.

Sales tax included in all prices. **Make checks payable to: Kansas State Square Dance Convention**
To purchase ribbons BY MAIL: Send completed registration form, payment information, & self-addressed stamped envelope to:
Kathy Mears, 2604 W. 27th Terrace, Lawrence, KS 66047 e-mail: kathymm785@gmail.com
Deadline for ribbon purchase BY MAIL is: May 1, 2023, in order to receive your ribbon(s) via return mail.



To pay with a credit card—Mark the type card you are using on the left.
By providing this information you agree to a charge of the Total Amount (above) plus 4% to cover fees.

Name on Card: _____ Expiration Date: ____ / ____

Credit Card number: _____ Security Code: _____