

As a contest sponsor it is your responsibility to complete this form and return it along with a general area map, school map, and gym map to Amy Mack, WGASC.
Please type or print.

SPONSORING ORGANIZATION: Esperanza Performing Arts Association, Inc.

CONTEST DATE: February 28, 2003 PREFERRED START TIME 6:30 pm

NAME OF CONTEST LOCATION: Westview High School

ADDRESS: 13500 Camino Ruiz, San Diego 92129

MAJOR CROSS STREETS/FREEWAYS: Camino Ruiz & Carmel Valley Rd.

TIME FACILITY WILL BE OPEN: 5 pm SPECTATOR FEE: \$6.00

Not to exceed \$6.00

INDICATE THE TYPES OF PRACTICE AREAS AVAILABLE: _____

Lighted concrete areas surrounding gym & tennis courts

TIME PRACTICE AREAS AVAILABLE: FROM 5 pm UNTIL 10 pm

TIME FOOD WILL BE AVAILABLE: FROM 5:30 pm UNTIL 10:30 pm

AWARDS TO BE GIVEN: First through Third All Classes

CRITIQUE LOCATION: Dance Room

CONTACT PERSON: Alan Cox PHONE NUMBER: 858 391-1311

BILLING ADDRESS (FOR JUDGES FEES): P.O. Box 502591

San Diego, CA 92150-2591

NAME OF LOCAL EMERGENCY HOSPITAL: Scripps Memorial Hospital

ADDRESS: 9888 Genesee Ave La Jolla, CA 92037

PHONE NUMBER: (858) 457-4123

SPECIAL INSTRUCTIONS: _____