



**illFX MOVE Sponsorship
Application - Parent/Guardian**



All sections of the application must be filled out completely

SECTION 1: DANGER PROFILE

Applicant is the contact person and will receive correspondence, primarily via email.

First Name:	Last Name:	
Birth Date: (mm/dd/yy)	Age:	Male / Female
Email Address:		
Primary Phone No:	Secondary Phone No:	
Primary Address:		
City:	Postal Code:	
Community (i.e. Ogden):		

Please indicate if your family would be recognized as one of the following:

(Put a check mark next to all that apply)

<input type="checkbox"/>	Indigenous
<input type="checkbox"/>	Dancer with a disability
<input type="checkbox"/>	New Canadian (resided in Canada for less than 10 years)

SECTION 2: DANCE REGISTRATION

Crew: (i.e. Sigma, Alpha)	
Organization Address: 302 - 350 4 Ave NE, Calgary AB, T2E 0J3	
Program Start Date: (mm/dd/yy)	Program End Date: (mm/dd/yy)
Total Registration Fee:	Requested Amount:

SECTION 3: PROOF OF INCOME

If Married or Common-Law, please include both partners income

Total Yearly Income \$	(include alimony, spousal support, child support)
Job Title:	Number of hours worked per week:
Company:	Do you have more than one job? Y/N

Attach a photocopy of the following for each adult in the household

1. Notice of Assessment for the previous tax year (Copies can be obtained by calling 1-800-959-8281)

SECTION 4: WAIVER & RELEASE

I am authorized to enter in this agreement as an applicant over the age of 18. I understand that my signature below reflects my agreement to hereby release, waive, discharge and covenant not to sue or take any legal action against illFX Entertainment Inc, the directors of illFX Education and illFX Move, and their officers, employees, volunteers and agents and remove them from liability for any and all claims including, but not limited to, persona injury, accident or illness (including death) and property loss arising from, but not limited to, participation or activity that is funded, supported or organized by illFX Entertainment Inc.

Date: (mm/dd/yy)	Signature of Applicant:
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