



ECRO Dress Room Form



Cost: \$20 for first dress in family, \$10 each additional dress

CONTACT INFORMATION	
Name:	_____
Cell #:	_____
e-mail:	_____
Dance School:	_____

DRESS INFORMATION	
Size:	SM (to size 8) <input type="checkbox"/> MD (size 10-14) <input type="checkbox"/> LG (size 16 and over) <input type="checkbox"/>
Colours:	_____
Designer:	_____
Accessories:	_____
Price:	\$_____ USD/CAD

DRESS INFORMATION	
WAIVER: I understand that Westin Harbour Castle Hotel, IDTAC, its employees or volunteers are NOT responsible for the loss, damage or theft of items left in the care of the dress room:	
Print Name:	_____
Signature:	_____ Date: ____ / ____ / ____

FOR VOLUNTEERS TO FILL IN	
Date In:	_____ / _____ / _____ Date Out: _____ / _____ / _____
Amount Paid:	_____ (\$20 for first dress in family, \$10 each additional dress)
Released to:	_____