

**B.A.T.D. WESTERN ONTARIO REGION****2026 Winter Regional Meeting & Workshops C-ON-CO-26-2633*****Sunday, March 8, 2026***

**IN PERSON WORKSHOP  
HYBRID (IN PERSON & ON-LINE) MEETING**

**Cambridge Highland Dance & Company  
130-B Shearson Crescent, Cambridge, ON N1T 1J4**

**Basic & Technical Highland Movements  
Technique Highlights 2026 Championship & Premiership Dances  
Length, Lift & Alignment Stretching**

**Guest Instructors – Sheryl Joyner / Cathy Macdonald**

### SCHEDULE OF EVENTS

Teachers must be current professionals. **Deadline to register is MONDAY, MARCH 2, 2026** – See Below for details

9:00 – 9:15	<b>CHECK-IN</b> for Dancers and Teachers	12:00 – 1:15	<b>REGIONAL HYBRID MEETING &amp; LUNCH</b> 2026 Membership Card must be presented prior to the meeting including via Zoom
9:15 – 10:15	<b>PRIMARY, BEGINNER, NOVICE</b> Basic Highland Movements CPD – 1.0 Hours Approved CPD	1:30 – 2:30	<b>INTERMEDIATE / PREMIER</b> Technical Highlights 2026 Championship Dances CPD – 1.0 Hours Approved CPD
10:15 – 11:15	<b>PRIMARY / BEGINNER / NOVICE</b> Fling, Sword, Sean Triubhas CPD – 1.0 Hours Approved CPD Must have working knowledge of Fling and Sword	2:30 – 3:30	<b>INTERMEDIATE / PREMIER</b> Technical Highlights 2026 Premiership Dances CPD – 1.0 Hours Approved CPD
11:15 – 11:45	<b>PRIMARY / BEGINNER / NOVICE</b> Warm Down Stretching – Length, Lift, Alignment CPD – .50 Hours Approved CPD	3:30 – 4:00	<b>INTERMEDIATE / PREMIER</b> Warm Down Stretching – Length, Lift, Alignment CPD – .50 Hours Approved CPD
11:45 – 12:00	Regional Meeting Set Up (Zoom attendees may join at 11:55am)	4:00 – 4:15	<b>PROFESSIONALS Q&amp;A</b> With Sheryl Joyner and Cathy Macdonald

### REGISTRATION & FEES

PRIMARY/BEGINNER/NOVICE	\$35	<b>Notes:</b> * No charge for Teachers who bring 10 or more students * Teacher's fee Includes Lunch – includes vegetarian and gluten free choices * No charge for Zoom meeting participants. Workshop is not offered on Zoom <b>IMPORTANT:</b> Teachers planning to attend Regional meeting – <u>please confirm by sending Name, Address, Phone, Email &amp; Member # to Cathy Macdonald at <a href="mailto:cathymac.dance@gmail.com">cathymac.dance@gmail.com</a></u> . Zoom link will be sent in advance to online participants
INTERMEDIATE / PREMIER	\$45	
BATD TEACHERS *	\$50	
NON-BATD TEACHERS	\$75	

**Registration Deadline – MONDAY, MARCH 2, 2026 – After deadline add \$10.00 Late Fee**

### PAYMENT DETAILS

E-Transfer to [batdwesternontario@gmail.com](mailto:batdwesternontario@gmail.com)

## B.A.T.D. WESTERN ONTARIO REGION

### 2026 Winter Regional Meeting & Lecture

#### RECOMMENDED ATTIRE

Dance-wear body suit  
Dark dance style shorts with neat fitting t-shirt

Hair neatly groomed off of face in a bun  
Tights or knee socks, Highland slippers

#### GUEST INSTRUCTOR

##### **SHERYL JOYNER**

B.A.T.D. Fellow Highland and Scottish National | R.S.O.B.H.D Judges Panel  
Sheryl Joyner School of Highland Dancing



Sheryl has been an active BATD Highland Dance Fellow, RSOBHD judge and director of her dance school for over 30 years. Through the years, Sheryl has trained many excellent dancers who have won titles in the Ontario, Canadian, North American, Commonwealth and Scottish championships.

Many of her students have placed in the top six at the World Championships with two winning the Junior World Championship.

Sheryl is an active member of ScotDance Ontario and has been on the executive for 14 years. She also works as an Arts Specialist with the Toronto District School Board and has a strong passion for choreography.



##### **CATHY MACDONALD**

B.A.T.D. Life Member Highland & Scottish National  
Certified Pilates Instructor | Registered Massage Therapist



Cathy began highland dancing at the age of 8 with Jenny MacLachlan and then for many years with Anne Sutherland, competing, performing and teaching with the Sutherland Studio of Dance in London, Ontario.

Cathy has over 25 years of teaching experience in both Highland Dance and Stretch & Strength programs. She is a certified Pilates instructor through the PhysicalMind Institute in New York. She presently supports the B.A.T.D. through her role as secretary for the Western Ontario Region.

Cathy currently practices Massage Therapy in Collingwood, Ontario focusing on movement restriction and postural alignment. She attributes much of her continued athletic capability to the discipline, focus and community of dance.

**BATD WESTERN ONTARIO REGION  
HIGHLAND WORKSHOP FOR DANCERS, TEACHERS, JUDGES**



*Sunday, March 8, 2026*



**DAY OF DANCE REGISTRATION FORM**

<b>STUDIO NAME</b>			
<b>CONTACT PERSON</b>			
<b>ADDRESS</b>			
<b>TELEPHONE</b>		<b>EMAIL</b>	

<b>WORKSHOP FEES</b>			
Morning – PRIMARY/BEGINNER/NOVICE	\$35	BATD TEACHERS	\$50
Afternoon – INTERMEDIATE / PREMIER	\$45	NON-BATD TEACHERS	\$75

<b>TEACHER NAME</b>	<b>MEMBER ASSOCIATION</b>	<b>MEMBERSHIP #</b>	<b>FEE</b>

<b>DANCER NAME</b>	<b>AGE</b>	<b>LEVEL</b>	<b>CLASS ENTERED</b>	<b>FEE</b>
Example – Suzie Dancer	12	Premier	Afternoon	\$45.00
<b>TOTAL AMOUNT</b>				

**PLEASE SCAN COMPLETED REGISTRATION & WAIVERS TO LESLIE MACDOUGALL AT:**  
[chdcstudio@gmail.com](mailto:chdcstudio@gmail.com) **by MONDAY, MARCH 2, 2026**

Payments may be made via E-Transfer to [batdwesternontario@gmail.com](mailto:batdwesternontario@gmail.com)

**Note: Add \$10.00 Late Fee after the deadline date**  
**Signed waiver forms must accompany payments (1 per dancer)**

# THE BRITISH ASSOCIATION OF TEACHERS OF DANCING

*Established 1892*

Pavilion 8, Upper Level, Watermark Business Park, 315 Govan Road, Glasgow G51 2SE

Website: [www.batd.co.uk](http://www.batd.co.uk) Email: [enquiries@batd.co.uk](mailto:enquiries@batd.co.uk)

## HEAD OFFICE

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Glasgow, Scotland

011-44-141-423-4029  
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## WESTERN ONTARIO REGION

Ms. Cathy Macdonald  
4 Parkland Drive  
Collingwood, ON L9Y 3Y9  
Canada

519-472-7999  
[cathymac.dance@gmail.com](mailto:cathymac.dance@gmail.com)

### STUDENT/PARTICIPANT WAIVER FORM

I hereby grant permission for my child \_\_\_\_\_ ,  
to participate in all B.A.T.D. programs / activities including photographs, written articles, public performances, or  
any such activity in which my child appears for promotional, educational, instructional purposes.

I hereby release the B.A.T.D. and all staff members and its agents from all claims and damages arising from  
participation of my child in such activities.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

EMERGENCY CELL NUMBER: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE: MONTH/ DAY/ YEAR**

\_\_\_\_\_  
**RELATIONSHIP TO THE CHILD**