



DANCEAMERICA COMPETITION 2009-2010 OFFICIAL ENTRY BLANK

BY SUBMITTING THIS ENTRY FORM, I AGREE TO ALL OF THE POLICIES,
PROCEDURES, RULES AND REGULATIONS AS SET FORTH BY DANCEAMERICA.

FOR OFFICE USE ONLY

LIST THE NAMES OF ALL DANCERS COMPETING AND TEACHERS FROM YOUR STUDIO ON THE COMPETITOR/TEACHER ROSTER, SIGN AND MAKE COPIES. ATTACH A COPY TO THE BACK OF THIS FORM FOR EACH ROUTINE ENTERED. CHECKMARK THE NAMES OF THE DANCERS AND TEACHERS FOR THIS ENTRY ONLY. ALL ENTRIES MUST BE RECEIVED BY THE DEADLINE DATE OR BEFORE A MAXIMUM NUMBER OF ENTRIES ARE RECEIVED FOR A RESPECTIVE CITY, WHICHEVER OCCURS FIRST. **ENTRY FEES ARE NON REFUNDABLE.**

** USE ONE FORM PER ENTRY **

PLEASE PRINT OR TYPE LEGIBLY.

DANCEAMERICA COMPETITION CITY: _____ LENGTH OF ROUTINE: _____

AGE DIVISION:

PRIMARY 7 - 9 * JUNIOR 10 - 12 INTERMEDIATE 13 - 15 SENIOR 16 - 18 ADULT 19 & Up

* Dancers six years of age may compete as soloists provided they will be seven years old by the first day of the National Finals, July 3, 2010

CATEGORY:

- FEMALE SOLO.....1 DANCER _____ SOLOIST NAME/AGE/BIRTH DATE _____ 1 X \$ 75 = \$75.00
- MALE SOLO.....1 DANCER _____ SOLOIST NAME/AGE/BIRTH DATE _____ 1 X \$ 75 = \$75.00
- DUO-TRIO..... 2-3 DANCERS (\$85 PER ENTRY) # of Dancers _____ = \$85 = \$ 85.00
- SMALL GROUP..... 4-7 DANCERS (\$30 PER DANCER) # of Dancers _____ x \$30 = \$ _____
- LARGE GROUP..... 8-14 DANCERS (\$28 PER DANCER) # of Dancers _____ x \$28 = \$ _____
- LINE 15 OR MORE DANCERS (\$28 PER DANCER) # of Dancers _____ x \$28 = \$ _____
- PRODUCTION..... 15 OR MORE DANCERS (\$28 PER DANCER) # of Dancers _____ x \$28 = \$ _____

SUBJECT(CHOOSE ONLY ONE) : ACRO/DANCE BALLET INNOVATIVE CONTEMPORARY BALLET CLOGGING
 HIP HOP JAZZ LYRICAL MODERN/ABSTRACT MUSICAL THEATRE
 OPEN CLASSICAL POINTE INNOVATIVE/CONTEMPORARY POINTE TAP ETHNIC/FOLKLORIC

SUPPLEMENTARY

(CHECK ONLY IF APPLICABLE)



YOUNG CHOREOGRAPHER CONTENDER

(CHECK ONLY IF APPLICABLE)



_____ Name of Choreographer / Age / Birth Date (Must be 15 years of age or older to enter)

NAME OF ROUTINE:



STUDIO/INDEPENDENT NAME: _____

STUDIO/INDEPENDENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STUDIO/INDEPENDENT PHONE: (_____) _____ HOME PHONE:(_____) _____

CELL PHONE:(_____) _____ FAX NUMBER:(_____) _____

E-MAIL ADDRESS: _____ STUDIO OWNER'S NAME: _____

ENTRY PREPARER: _____ ENTRY PREPARER NUMBER:(_____) _____

MAIL or FAX ENTRIES ALONG WITH THE CORRECT ENTRY FEES IN U.S. FUNDS TO:

DANCE OLYMPUS/DANCEAMERICA, 2929 EAST COMMERCIAL BLVD., SUITE 306, FT. LAUDERDALE, FL 33308 OR FAX 954-771-2147
QUESTIONS??? Call 1-800-44DANCE M-F 9am-5pm (EST), write: danceolympus2@aol.com or visit www.danceolympus-america.com

COMPETITOR / TEACHER ROSTER



NAME OF THIS ROUTINE _____

PLEASE TYPE OR PRINT LEGIBLY

1. INCLUDE ALL DANCERS COMPETING FROM YOUR STUDIO AND THEIR TEACHERS.
2. PHOTOCOPY COMPLETED ROSTER AND ATTACH BACK TO BACK ONE PER ENTRY.
3. CHECK APPROPRIATE BOX FOR EACH DANCER(S) IN THIS ROUTINE ONLY AND TEACHER(S)
4. BE SURE TO FILL IN ALL INFORMATION: BIRTHDATE, AGE, AND DANCE OLYMPUS REGISTRATION.

DANCE	A - ASSISTANT
OLYMPUS	S - SENIOR
REG. CODES	J - JUNIOR

	✓	DANCER'S NAME	BIRTH DATE	AGE	DO REG.
1					
2					
3					
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25					
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27					
28					
29					
30					

	✓	DANCER'S NAME	BIRTH DATE	AGE	DO REG.
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TEACHER ROSTER					DO REG.
1					
2					
3					
4					
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9					

(ATTACH ANOTHER DANCER ROSTER FOR ADDITIONAL NAMES AND INFORMATION)

**Any dancer competing in a dance competition takes certain incumbent risks. These include, but are not limited to, sprains, pulled muscles, and broken bones. Participating in this competition indicates the acceptance of such risks by performers. Therefore, we, the undersigned, will not hold DANCEAMERICA or any of its Directors, Officials, or Staff liable or responsible for injuries or damages sustained while participating in any activity related to DANCEAMERICA/Dance Olympus.

Signature of Authorized Legal Representative _____

*** **SPECIAL INSTRUCTIONS** (IF A ROUTINE NEEDS CONSIDERATION DUE TO MAKE-UP, COSTUME, ETC. NOTE INFORMATION HERE. DANCEAMERICA WILL TRY TO ACCOMMODATE THESE REQUESTS, BUT **WE CANNOT GUARANTEE IT. YOU MAY NOT LIST THE ORDER IN WHICH YOU WANT YOUR ROUTINES TO PERFORM.**

DANCEAMERICA reserves the right to refuse any & all requests.

