

ance Olympus Workshop Registration Form \lceil Fall / Winter

2016-2017

For Office Use Only

TOTAL

387	
DANCE OLYMPUS	CIT

WORKSHOP 1st City: __ Y ATTENDING: 2nd City: _

DANCE OLYMPUS REGISTRATION FOR:

DANCEAMERICA COMPETITORS ALL CITIES

CLASS REGISTRATION	PRE-REGISTRATION FEE	FEE AT WORKSHOP
Teachers	\$135.00	\$145.00
Assistants 15 yrs and older	\$125.00	\$135.00
Senior Students 14yr & older	\$110.00	\$120.00
Junior Students 7-13yrs	\$100.00	\$110.00
Observer	\$20.00	\$20.00

	NUMBER		FEE		TOTAL
Teachers		х	\$	=	\$
Assistants 15 yrs and older		x	\$	=	\$
Senior Students 14yr & older		x	\$	=	\$
Junior Students 7-13yrs		x	\$	=	\$
Observer		х	\$	=	\$

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DANCE OLYMPUS ONLY (FOR NON DANCEAMERICA PARTICIPANTS)

DANCE OLYMPUS FEES: ALL CITIES (EXCEPT N.Y.C)

CLASS REGISTRATION	PRE-REGISTRATION FEE	FEE AT WORKSHOP		NUMBER
Teachers	\$140.00	\$145.00	Teachers	
Assistants 15 yrs and older	\$130.00	\$135.00	Assistants 15 yrs and older	
Senior Students 14yr & older	\$115.00	\$120.00	Senior Students 14yr & older	
Junior Students 7-13yrs	\$105.00	\$110.00	Junior Students 7-13yrs	
Observer	\$20.00	\$20.00	Observer	

TOTAL	

TOTAL

DANCE OLYMPUS FEES: NEW YORK CITY ONLY

CLASS REGISTRATION	PRE-REGISTRATION FEE	FEE AT WORKSHOP
Teachers	\$150.00	\$155.00
Assistants 15 yrs and older	\$140.00	\$145.00
Senior Students 14yr & older	\$125.00	\$130.00
Junior Students 7-13yrs	\$115.00	\$120.00
Observer	\$20.00	\$20.00

	NUMBER		FEE		TOTAL
Teachers		х	\$	=	\$
Assistants 15 yrs and older		х	\$	=	\$
enior Students 14yr & older		х	\$	=	\$
nior Students 7-13yrs		х	\$	=	\$
Observer		х	\$	=	\$

Card

Number

MORE DANCE FOR YOUR DOLLAR!

Register for any Dance Olympus workshop and attend an additional city at half (1/2) off registration fee! Applies to all classrooms -Equal number of dancers or less. Observer fee not included

PLEASE DO NOT ADD YOUR	
DANCEAMERICA FEES TO THIS TOTAL	4L

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Zip Code on I

Billing Statement |

Studio / Independent Name:	
Studio / Independent Address:	
City:	State: ZIP:
Studio / Independent Phone HOME: ()	CELL: ()
FAX:()	E-mail Address:
Teacher's Name:	Studio Owner's Name:

Method of Payment (U.S. Funds only)

- One Check / Money Order / or Cashier's Check for the total amount of all entry fees.
- O VISA O MasterCard O AMEX **O** Discover

Card Holder's Name: (please print)

Pre-Registration must be received in full 30 days prior to Workshop to receive discount!

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- · One Teacher will be admitted free for every 10 students a studio brings
- Register online at WWW.DANCEOLYMPUS-AMERICA.COM
- One Check or Money Order will be accepted from each studio for Pre-Registration. VISA, Master Card, AMEX and DISCOVER are accepted for Pre-Registration by phone or fax. Credit Card information must accompany Registration Form.
- Credit Cards or Certified Funds ONLY On Site.

Mail or Fax Pre-Registration along with the correct fees in US Funds To: Dance America-Dance Olympus Inc. PO Box 318 Mt. Juliet TN 37121

Competitor / Teacher Roster

Name of this Routine:

Please Type or Print Clearly

- 1. INCLUDE ALL DANCERS COMPETING FROM YOUR STUDIO, CALCULATE AGES AS OF 1-1-2016!
- 2. PHOTOCOPY COMPLETED ROSTER AND ATTACH ONE PER ENTRY
- 3. CHECK THE APPROPRIATE BOX FOR EACH DANCER IN THIS ROUTINE ONLY.
- 4. BE SURE TO FILL IN ALL INFORMATION: BIRTHDATE, AGE AND DANCE OLYMPUS REGISTRATION (DO REG)

Dance Olympus Registration Code (DO REG)

A - Assistant

S - Senior

	V	Dancers Name	Birth Date	Age	DO REG		\checkmark	Dancers Name	Birth Date	Age	DO REG
1						31					
2						32					
3						33					
4						34					
5						35					
6						36					
7						37					
8						38					
9						39					
10						40					
11						41					
12						42					
13						43					
14						44					
15						45					
16						46					
17						47					
18						48					
19						49					
20						50					
21							\	TEACHER ROSTER			DO REG
22						1	`				KEG
23						2					
24						3					
25	_					4					
26						5					
27						6					
28						7					
29						8					
30						9					

(ATTACH ANOTHER DANCER ROSTER FOR ADDITIONAL NAMES AND INFORMATION)

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SPECIAL INSTRUCTIONS IF A ROUTINE NEEDS CONSIDERATION DUE TO MAKE-UP, COSTUMES, ETC. PLEASE PLACE INFORMATION HERE. DANCEAMERICA WILL TRY TO ACCOMODATE THESE REQUESTS BUT WE CANNOT GUARANTEE THEM. YOU MAY NOT LIST THE ORDER IN WHICH YOU WANT YOUR ROUTINES TO PERFORM.

DANCEAMERICA RESERVES THE RIGHT TO REFUSE ANY AND ALL SPECIAL REQUESTS

^{**}Participation in this competition automatically releases DANCEAMERICA, its directors, officials, staff and affiliates from any and all claims for loss, damages or injuries which may be sustained while participatingin any activity connected with a DANCEAMERICA event. The undersigned also permits DANCEAMERICA to use their photos, electronic / video images and to appear on television / internet in connection with publicizing and/or promoting any DANCEAMERICA competition without compensation.





Entry Preparer:_

DANCEAMERICA COMPETITION 2017 OFFICIAL ENTRY BLANK

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

Use ONE form per Entry

Please Print or Type Legibly



LIST THE NAMES FOR ALL DANCERS COMPETING AND TEACHERS FROM YOUR STUDIO ON THE COMPETITOR / TEACHER ROSTER, SIGN AND MAKE COPIES. ATTACH 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.

DANCEAMERICA Competition City:

Pourtine:

Proving I ength:

Name of Routine:	Routine Length:
Age Division	
O Primary: 7 - 9* O Junior 10 - 12 * Dancers six years of age may compete as	O Intermediate: 13 - 15 O Senior: 16 - 18 O Adult 19 & Up soloists provided they will be seven years old by the first day of National Finals, July 1, 2016
C ategory	
O Female Solo: 1 Dancer:	1 x \$85 = \$ <u></u>
O Male Solo: 1 Dancer:	Soloist Name / Age / Birth Date $1 \times \$85 = \$ 85.00$ Soloist Name / Age / Birth Date
O Duo/Trio: 2 - 3 Dancers · · · · · · · · · · · · · · · · · · ·	Soloist Name / Age / Birth Date# of Dancers = \$95 = \$\frac{95.00}{200}
	# of Dancersx \$35 = \$
O Large Group: 8-14 Dancers	# of Dancersx \$35 = \$
O Line: 15 or more Dancers	# of Dancersx \$35 = \$
O Production: 15-30 Dancers	# of Dancersx \$35 = \$
O Mega Production: 31 or more Dancers	
Supplementary (CHECK ONL	Y IF APPLICABLE)
0	Contender (CHECK ONLY IF APPLICABLE)
Name of Choreog	rapher / Age / Birth Date (Must be 15 years of age or older to enter)
Studio / Independent Name:	
Studio / Independent Address:	
City:	State: ZIP:
Studio / Independent Phone : _()	Home Phone: ()
Cell Phone: ()	Fax Number: ()
Email Address:	Studio Owner's Name:

Entry Preparers Nubmer:_(_