

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
	J - Junior

	✓	Dancers Name	Birth Date	Age	DO REG
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

	✓	Dancers 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			
5			
6			
7			
8			
9			

(ATTACH ANOTHER DANCER ROSTER FOR ADDITIONAL NAMES AND INFORMATION)

**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 participating in 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.

Required Signature of Authorized Legal Representative _____

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



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****

For Office Use Only

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: _____

Name of Routine: _____ Routine Length _____ :

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 National Finals, July 1, 2016

Category

- Female Solo:** 1 Dancer: _____ 1 x \$85 = \$ **85.00**
Soloist Name / Age / Birth Date
- Male Solo:** 1 Dancer: _____ 1 x \$85 = \$ **85.00**
Soloist Name / Age / Birth Date
- Duo/Trio: 2 - 3 Dancers # of Dancers _____ = \$95 = \$ **95.00**
- Small Group: 4-7 Dancers # of Dancers _____ x \$35 = \$ _____
- Large Group: 8-14 Dancers # of Dancers _____ x \$35 = \$ _____
- Line: 15 or more Dancers # of Dancers _____ x \$35 = \$ _____
- Production: 15-30 Dancers # of Dancers _____ x \$35 = \$ _____
- Mega Production: 31 or more Dancers # of Dancers _____ x \$35 = \$ _____

Subject / Style (CHOOSE ONLY ONE)

- Acro / Dance
 Ballet
 Innovative Ballet
 Clogging
 Contemporary
 Hip Hop
 Jazz
 Lyrical
 Modern / Abstract
 Musical Theatre
 Open
 Classical Pointe
 Innovative 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)

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 Preparer: _____ Entry Preparers Nubmer: (_____) _____

Register Online at WWW.DANCEOLYMPUS-AMERICA.COM OR Mail or Fax entries along with the correct fees in U.S. funds to:

DANCE AMERICA-DANCE OLYMPUS INC., PO BOX 318 MT. JULIET TN 37121 • Fax: 615.754.0785

Questions? Please Call 1-800-44DANCE (443-2623) M-F 9a-5p CST • E-mail: info@danceolympus-america.com