

CAPITAL *DanceSport* CHAMPIONSHIPS

Junior Accounting Form

DEADLINE - JULY 30, 2011

Phone: 1-866-345-5154

Fax: 1-740-969-4457

Name(s) _____

Teacher _____

**Names of both amateur partners must be listed
No changes in ages, levels or divisions will be permitted at the competition.**

Note: Children are expected to be on their best behavior while attending the competition. They are not permitted to run around or carry on in the Ballroom or the Hotel in general. Teachers must supervise the children at all times. Any complaints about a child, from the hotel Management of participants at the competition will result in the child being prohibited from dancing and evicted from the competition areas. No refunds will be made under the circumstances.

Parents are not permitted in or around the line-up areas.

Release Form

All persons attending this event whether as spectator, official, studio employee or guests of the Organizers shall be bound by the Competition and NDCA rules, and by attending this event, automatically become obliged to adhere to them. Capital Dancesport, the Hotel and NDCA accept no responsibility for any loss or theft of articles left in changing rooms, Ballroom, or Hotel rooms nor for any loss or Injury sustained by persons attending this event The submission of this entry form expressly and irrevocably waves any claim or claims arising from any loss or injury incurred at this event. The Parents or Guardians of children must sign this form before children can participate in the event.

Guardian of Gentleman

Guardian of Lady

Accounting

Single Dances _____ @ \$20 each = \$ _____

Multi-Dance _____ @ \$ _____ each = \$ _____

A late fee of \$20 per entry will be applied to entries received after the deadline.
To avoid this penalty, please submit entries by July 30, 2011.

Entry fees do not include admission to the Ballroom. Incomplete forms will not be processed.
Faxed entries will be processed ONLY when accompanied by credit card information.

Make checks payable to: Capital Dancesport

CREDIT CARD INFORMATION:

Mail payments and entries in care of:

_____ AMEX _____ VISA _____ M/C

Brenda Burger
11900 Winter Rd
Amanda, OH 43102

Card # _____

Exp. Date _____ Sec _____

Name on card _____

Address _____

City, state, zip _____

Signature _____

If paying by credit card the direct fax
number is 740-969-4457