

CAPITAL *DanceSport* CHAMPIONSHIPS

PROFESSIONAL ENTRY FORM

DEADLINE - JULY 30, 2011

Phone: 1-866-345-5154

Fax: 1-740-969-4457

Studio _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Gentleman _____ NDCA# _____

Lady _____ NDCA# _____

_____ Basics American Smooth	(W/T/F/VW)
(Bronze & Silver Syllabus only)	
_____ Basics American Rhythm	(C/R/SW/B/M)
(Bronze & Silver Syllabus only)	
_____ Rising Star American Smooth	(W/T/F/VW)
_____ Open American Smooth	(W/T/F/VW)
_____ Rising Star American Rhythm	(C/R/SW/B/M)
_____ Open American Rhythm	(C/R/SW/B/M)
_____ Rising Star International Standard	(W/T/VW/F/QS)
_____ Open International Standard	(W/T/VW/F/QS)
_____ Rising Star International Latin	(C/S/R/PD/J)
_____ Open International Latin	(C/S/R/PD/J)
_____ Open Theatre Arts / Showdance	

Winners of all Open Professional divisions are invited to perform in the Showcase of Champions on Saturday evening for additional monies.

Please be prepared with a musical selection and showdance number should you win the division.

Accounting Summary

_____ Basics Entries @ \$75.00	\$ _____
_____ Rising Star Entries @ \$75.00	\$ _____
_____ Open Entries @ \$75.00	\$ _____
_____ Theatre Arts / Showdance @ \$75.00	\$ _____

Entry fee includes admission to Ballroom for the session then you are competing. Incomplete forms will not be processed.
Faxed entries processed ONLY when accompanied by credit card information.

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 LLC, 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(s) arising from any loss/injury incurred at this event.

Make checks payable to: Capital Dancesport

Credit Card Information:

___ AMEX ___ VISA ___ M/C

Mail payments and entries in care of:

Brenda Burger
11900 Winter Road
Amanda, Ohio 43102
Fax. 740-969-4457 (only if paying with CC)

Card # _____
Exp. Date _____ Sec _____
Name on card _____
Address _____
City, state, zip _____
Signature _____