

Dance Masters of California, Inc.
Performing Arts Competition
Official Entry Form - November 7th, 2010

(Please check one in each column. No Age Division selection needed for Extended or Production)

Status	Category	Age Division	Subject
<input type="checkbox"/> Novice	<input type="checkbox"/> Duo/Trio (2/3 dancers)	<input type="checkbox"/> Div #1 Petite 7-9 yrs	<input type="checkbox"/> Tap
<input type="checkbox"/> Competitive	<input type="checkbox"/> Group (4-8 dancers)	<input type="checkbox"/> Div #2 Junior 10-12 yrs	<input type="checkbox"/> Jazz
	<input type="checkbox"/> Line (9+ dancers)	<input type="checkbox"/> Div #3 Teen 13-15 yrs	<input type="checkbox"/> Ballet
		<input type="checkbox"/> Div #4 Senior 16 and up	<input type="checkbox"/> Lyrical
		<input type="checkbox"/> Div #5 Adult 25 and up	<input type="checkbox"/> Musical Theatre
	<input type="checkbox"/> Extended (4+ dancers)	ages 7 and up	<input type="checkbox"/> Hip Hop
	<input type="checkbox"/> Production (12+ dancers)	ages 7 and up	<input type="checkbox"/> Modern/Contemporary
			<input type="checkbox"/> Acro-Gymnastics
			<input type="checkbox"/> Open

Routine Name:	
Props:	
Music/Entrance:	<input type="checkbox"/> Set before Music <input type="checkbox"/> Enter with Music

LIST OF COMPETITORS IN ROUTINE

#	NAME	BIRTHDATE	AGE	#	NAME	BIRTHDATE	AGE
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

(Continue on the back if necessary)

Number of competitors in this routine		@ \$	=	\$
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Dance Masters of California, Inc., its Board of Directors, the Santa Clara Convention Center, or the Hyatt Hotel are not responsible for any loss or damage during this competition.

I give Dance Masters of California, Inc. permission to use the name, likeness, or photograph of myself or any of my students participating in this competition in any Dance Masters' publications.

Studio Name: _____

Teacher of Record: _____

Choreographer: _____

Teacher of Recognition (optional): _____

Teacher of Record signature: _____ **Date:** _____

Daytime Phone: _____ **Fax:** _____