

2007 CHAMPION DANCE REGIONAL

SMALL ENSEMBLE ENTRY FORM

TEAM NAME: _____
 (List as You Wish Recognized at the Awards Presentation)

DIRECTOR(S): _____
 (List all Assistant Directors You Wish Recognized at the Awards Presentation)

You may enter an unlimited number of Small Ensembles. If necessary, please copy this form for additional entries.

PLEASE PUT IN ORDER OF PERFORMANCE. KEEP IN MIND FAST COSTUME CHANGES MAY OCCUR.

* SMALL ENSEMBLES MUST HAVE 4-6 PERFORMING MEMBERS *

SMALL ENSEMBLE #1 (Please give full name of Each Performer / Minimum 4 Performers)

1.	4.
2.	5.
3.	6.

SMALL ENSEMBLE #2 (Please give full name of Each Performer / Minimum 4 Performers)

1.	4.
2.	5.
3.	6.

SMALL ENSEMBLE #3 (Please give full name of Each Performer / Minimum 4 Performers)

1.	4.
2.	5.
3.	6.

SMALL ENSEMBLE #4 (Please give full name of Each Performer / Minimum 4 Performers)

1.	4.
2.	5.
3.	6.

SMALL ENSEMBLE #5 (Please give full name of Each Performer / Minimum 4 Performers)

1.	4.
2.	5.
3.	6.

Small Ensemble Entries: \$100 per routine

Return entry form(s) with fees to:

Champion Dance ♦ 320 N Magnolia Avenue, Suite B10 ♦ Orlando, FL 32801

Directors Signature _____

Email Address _____ Phone Number _____