

# 2007 CHAMPION DANCE REGIONAL SOLO ENTRY FORM

TEAM NAME:

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(List as You Wish Recognized at the Awards Presentation)

DIRECTOR(S):

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(List all Assistant Directors You Wish Recognized at the Awards Presentation)

***You may enter an unlimited number of Solos. If necessary, please copy this form for additional entries.  
PLEASE PUT NAMES IN ORDER OF PERFORMANCE.***

**JUNIOR SOLOISTS** (Please provide full name)

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

**SENIOR SOLOISTS** (Please provide full name)

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

**Solo Entries: \$65 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 \_\_\_\_\_