

2008 CHAMPION DANCE REGIONAL

TEAM (School) 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)

CITY & STATE: _____
(To Be Printed on Contest Material)

E-MAIL ADDRESS: _____

You may enter an unlimited number of Team Performances. If necessary, please copy this form for additional entries. Remember, performances must be in the same classification to be eligible for the overall awards.

TEAM CLASSIFICATION: (Indicate classification with a "√")

HIGH SCHOOL:	Small:	<input type="checkbox"/>	Medium:	<input type="checkbox"/>	Large:	<input type="checkbox"/>	X-Large:	<input type="checkbox"/>
		<i>Small: 2-15</i>		<i>Medium: 16-29</i>		<i>Large: 30-49</i>		<i>X-Large 50+</i>

PRIVATE/PAROCHIAL:	<input type="checkbox"/>	JUNIOR VARSITY:	<input type="checkbox"/>	Jr. HIGH/MIDDLE:	<input type="checkbox"/>
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TEAM CATEGORIES: (Indicate the total number of performers in each routine)

High Kick:	<input type="checkbox"/>	Hip Hop:	<input type="checkbox"/>	Jazz:	<input type="checkbox"/>	Lyrical:	<input type="checkbox"/>
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Military:	<input type="checkbox"/>	Modern:	<input type="checkbox"/>	Novelty:	<input type="checkbox"/>	Pom Pon:	<input type="checkbox"/>
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Prop:	<input type="checkbox"/>	Open:	<input type="checkbox"/>	Team Perf:	<input type="checkbox"/>	Show Prod:	<input type="checkbox"/>
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Team Entries: \$165 per routine

Return entry form(s) with fees to:

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

Director's Signature : _____ Phone Number: _____