

ENCORE DCS 2012 Regional Entry Form

Visit www.encoredcs.com for Online Registration!

Competition Location _____ Competition Date _____

Studio Name _____ Studio Director _____

Studio Mailing Address _____

City/State/Zip _____ Email Address: _____

Studio Phone # _____ Cell/Home # _____ Fax # _____

Title of Entry (Music) _____

____ Recreational Division ____ Competitive Division ____ Pro – Am Division

Performance Category : ____ TAP ____ JAZZ ____ BALLET ____ POINTE ____ CONTEMPORARY
____ LYRICAL ____ CLOGGING ____ OPEN ____ POM POM ____ SONG & DANCE
____ CHARACTER ____ GYMNASTICS ____ FOLKLORIC ____ MODELING ____ MODERN
____ MUSICAL THEATER ____ LITURGICAL ____ HIP HOP ____ VOCAL ____ BATON
____ COSTUME COMPETITION

Age Division: {Please check one based on rules and average age calculated on back of entry form}

Petite: ____ 6 & under ____ 7-8 *Junior:* ____ 9-10 ____ 11-12 *Teen:* ____ 13-14
Senior: ____ 15-16 ____ 17-18 *Elite:* ____ 19-24 ____ 25-39 ____ 40 & up

Group Division: ____ Solo ____ Duet/Trio ____ Small Group {4-9 dancers}
____ Large Group {10-16 dancers} ____ Super Group {17 or more dancers} ____ Production {unlimited dancers}

Entry Fees	# of Participants**	Amount Enclosed
\$80 - Solo Fee	_____	_____
\$25 - Costume Competition	_____	_____
\$45 per dancer for Duet/Trio	_____	_____
\$30 per dancer for each Group	_____	_____

** Please list each participant's name, age, and birth date on back of application. Copies of each student's birth certificates must be available at competition if requested.

**Please see attached Master Student List and Waiver. Please list each student's name and birthdate and submit with registration.

Waiver and Release – All participants give Encore DCS the right to use their photograph or video for advertising or any other commercial use. I hereby waiver all claims for injury, damage, or loss to my person and property and students' during my participation at ENCORE DANCE COMPETITION FOR THE STARS, INC. and release the promoters, directors, and employees of ENCORE DCS from any liability for injury, damage, or loss which may be caused by any act or omission of any of them.

Director's Signature

(A parent/guardian for each child must also sign the attached waiver. Only one waiver sheet is needed per studio.)

We accept VISA and MASTERCARD! If paying by credit card, please email Susan@encoredcs.com for a Paypal invoice OR submit a Credit Card authorization form with your entries. Credit card forms can also be faxed to 803-785-8566. If paying by check, please include the account holder's driver's license number and birth date. All Entries must be postmarked 28 days prior to competition date. PLEASE MAIL ALL ENTRY FORMS WITH A CREDIT CARD AUTHORIZATION FORM, BUSINESS CHECK, MONEY ORDER OR CASHIERS CHECK TO: 115 Smith Street Lexington, SC 29072

FOR MORE INFORMATION: CALL Rhonda (803) 319-3295 or Susan {803} 397-5986
FAX (803) 785-8566 WWW.ENCOREDSCS.COM

