

REGIONAL COMPETITION **form**

2 DAY EVENT

Regional City: _____
 Studio Name: _____ Teacher's Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Studio Phone: _____ Fax: _____ Cell: _____
 E-Mail Address: _____

Name of Routine: _____

Type of Routine (circle one): *Ballet* *Pointe* *Jazz* *Lyrical* *Modern* *Contemporary*
Tap *Hip Hop* *Musical Theatre* *Acrobatic Dance* *Pom Pon* *Specialty* *Open*

Circle One: Dancers enter before music and pose / Dancers enter with music Prop(s): Yes / No

Categories by # of Dancers:	Cost Per Dancer:	Number of Dancers:	Total Cost:
Solo	\$80.00		
Duo/Trio	\$45.00		
Small Group (4-9)	\$32.00		
Large Group (10-15)	\$32.00		
Ext Large Group (10-15)	\$32.00		
Line (16-24)	\$32.00		
Production (25-49)	\$32.00		
Ext Production (50+)	\$32.00		

Age Division (circle):

Petite
8 & under

Junior Division
9 – 12

Teen Division
13 – 15

Senior Division
16 - 21

Name(s) of Dancer:

Age:

Birth Date

Name(s) of Dancer:	Age:	Birth Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



Card Number

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Expiration Date

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Billing Zip Code

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* Must provide proof of age upon request. *** Each competition number must be entered on a separate form. *
 *Make checks or money orders payable to: Intrigue Dance Intensive. A \$25.00 fee will be charged for all returned checks. *

Mail to: Intrigue Dance Intensive 11110 W. Oakland Park Blvd. #334 Sunrise, FL 33351
 www.gointrigue.com / info@gointrigue.com / 646.215.1279 / 954.873.2317

I, the undersigned, on behalf of the parties registered, authorize Intrigue Dance Intensive the use of their images for advertising purposes. In addition, I understand that Intrigue Dance Intensive and the instructors are not liable for personal injuries, or loss of or damage to personal property. Each student may refuse the right to participate in any activity. Please inform instructors of any physical limitations you may have. If you have doubts as to your physical abilities, please consult with your physician before participating. If under 18, parent or legal guardian signature is required.

Signature: _____ Date: _____