



Official Entry Form

3660 Old Kings Highway Murrells Inlet, SC 29576
(843) 357-SHOW (7469)

Please print and complete all questions • Use a separate form for each entry • If more entry forms are needed, please duplicate

Competition Location _____ Competition Date ____ / ____ / ____

Check One: Solo Duet/Trio Small Group Large Group Super Group
(4-9 dancers) (10-19 dancers) (20+ dancers)

Soloists only-complete this box.

For Duet/Trios, and Groups, please use back to list dancer's names and birthdates.

Name _____ Birthdate ____ / ____ / ____ Age _____
 Address _____ City _____ State ____ Zip _____
 Phone () _____ Dancer's Email Address _____

Studio Name _____ Phone () _____

Studio Mailing Address _____ City _____ State ____ Zip _____

Fax () _____ Teacher's Name _____ Teacher's Email Address _____

Recreational Division (3 hrs. or less of classes per week)

Competitive Division

Check Category you are entering:

- | | |
|--|---|
| <input type="checkbox"/> Musical Theater | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Ballet |
| <input type="checkbox"/> Lyrical Jazz-Modern | <input type="checkbox"/> Pointe |
| <input type="checkbox"/> Acrobatic Dance | <input type="checkbox"/> Tap |
| <input type="checkbox"/> Clogging | <input type="checkbox"/> Pom Pon |
| <input type="checkbox"/> Folkloric | <input type="checkbox"/> Open |
| <input type="checkbox"/> Song & Dance | <input type="checkbox"/> Baton |
| <input type="checkbox"/> All Male (Groups Only) | <input type="checkbox"/> Production (Large & Super Groups Only) |
| <input type="checkbox"/> Cheerleading (Groups Only) | |
| <input type="checkbox"/> Character Routine _____
<small>(State Character Portrayed)</small> | |

- Teacher's Solo* _____
 Teacher's Duet/ Trio* _____
 Teacher's Group* _____

* Please specify category of dance*

Entry Fees:

\$86 for each Solo _____
 \$105 for each Duet/Trio _____
 \$35 per person for Groups _____
 Total Entry Fee Enclosed \$ _____

Payment Options:

*(If paying by check, mail this form and entry fee to address below.
 If paying by credit card, please fill out the following information
 and fax or mail to the address below.)*

Visa, Mastercard, Discover, or American Express, card number: _____

Expiration: ____/____ Signature: _____

All Entries Must Be Postmarked 21 Days Before Competition Date!

Mail or Fax this completed form to:

3660 Old Kings Highway • Murrells Inlet, SC 29576
 Phone: (843) 357-7469 • Fax: (843) 357-3579
 Or Enter Online at www.showstopperonline.com

Name of Music or Routine _____

Any performer competing in a dance competition takes certain inherent risks. These include, but are not limited to sprains, bruises, pulled muscles, and broken bones. Participation in this competition indicates the acceptance of such risks by performers. Therefore we the undersigned will not hold Showstopper®, Inc.; Showstopper American Dance Championships® or any of its officers, directors, officials, staff or employees responsible for injuries, illnesses, or damages sustained while participating in any activity related to a Showstopper® Competition. Contestants and teachers by virtue of entering a Showstopper event give their permission and consent to the directors of Showstopper to use their images or photographs or appear in videos, television, our website or any other electronic media for advertising, news coverage or any other commercial use of our events.

Signature of Contestant (or person legally responsible) _____

