

**OFFICIAL
ENTRY
FORM**

2009

REGIONALS

Showstopper

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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 (4-9 DANCERS)
 LARGE GROUP (10-19 DANCERS) SUPER GROUP (20+ DANCERS)

(DUETS/TRIOS AND GROUPS: PLEASE USE BACK TO LIST DANCERS' NAMES AND BIRTHDATES)

STUDIO NAME _____

STUDIO MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME CONTACT # (_____) _____

FAX (_____) _____

TEACHER'S NAME _____

TEACHER'S EMAIL _____

I authorize my students to purchase a copy on DVD of the routines in which they perform.

Yes No

RECREATIONAL DIVISION (3 HOURS OR LESS OF CLASSES PER WEEK)

COMPETITIVE DIVISION

<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 (SUPER GROUPS ONLY)
<input type="checkbox"/> CHEERLEADING (GROUPS ONLY)	
<input type="checkbox"/> CHARACTER ROUTINE _____ (CHARACTER PORTRAYED)	

TEACHER'S SOLO _____

TEACHER'S DUET/TRIO _____

TEACHER'S GROUP _____
(DANCE CATEGORIES)

NAME OF MUSIC OR ROUTINE:

SOLOISTS ONLY - COMPLETE THIS BOX

NAME _____

BIRTHDATE ____/____/____ AGE _____ PHONE (_____) _____

DANCER'S EMAIL _____
(If independent - submit address):

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ENTRY FEES: \$90 FOR EACH SOLO _____

\$110 FOR EACH DUET/TRIO _____

\$38 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 address below.



CARD NUMBER _____ EXPIRATION ____/____

SIGNATURE _____

**ALL ENTRIES MUST BE POSTMARKED
21 DAYS BEFORE COMPETITION DATE**

MAIL OR FAX THIS COMPLETED FORM TO:

SHOWSTOPPER
3660 OLD KINGS HIGHWAY • MURRELLS INLET, SC 29576
PHONE: (843) 357-7469 • FAX: (843) 357-3579

OR ENTER ONLINE: WWW.SHOWSTOPPERONLINE.COM

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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.

SIGNATURE OF CONTESTANT (OR PERSON LEGALLY RESPONSIBLE):
