

# ENCORE DCS 2010 Regional Entry Form

Competition Location \_\_\_\_\_ Competition Date \_\_\_\_\_

Studio Name \_\_\_\_\_ Studio Director \_\_\_\_\_

Studio Street 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  
\_\_\_\_ 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                      \_\_\_\_ Super Solo contender (student is performing 2 solos)  
\_\_\_\_ 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	_____	_____
\$40 per dancer for Duet/Trio	_____	_____
\$28 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.

*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

We accept VISA and MASTERCARD! If paying by credit card, please submit a Credit Card authorization form with your entries or fax it to 803-996-3463. 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 Susan {803} 397-5986 or Rhonda (803) 319-3295    FAX (803) 996-3463  
WWW.ENCOREDSCS.COM

