

2016-17 **STUDIO LIVE!** Dance Competition Registration Form

ORGANIZATION/CONTACT INFORMATION	SELECT YOUR TOUR
<hr/> Organization Name	<input type="checkbox"/> STUDIO LIVE! VA March 4, 2017 <input type="checkbox"/> STUDIO LIVE! SC March 25, 2017 <input type="checkbox"/> STUDIO LIVE! OH April 22, 2017 <input type="checkbox"/> STUDIO LIVE! FL May 20, 2017
<hr/> Organization Address	
<hr/> City State Zip	
<hr/> Phone Fax	
<hr/> Contact Name	
<hr/> Contact Phone Contact Email	

PERFORMANCE CATEGORY	AGE DIVISION	DIFFICULTY LEVEL	COMPETITION DIVISIONS
Acro Jazz Tap Ballet Lyrical Teacher Clogging Modern Contemporary Musical Theater Hip Hop Open Improv Pointe	Mini Age 3-7 Petite Age 8-10 Junior Age 11-12 Teen Age 13-15 Senior Age 16-19 Open/Adult Age 20+	Recreational: 1-2 hours/week in the studio Premier: 3-5 hours/week in the studio Elite: 6+ hours/ week in the studio	Solo Duet/Trio Small Group (4-9) Large Group(10-19) Line (20-25) Production (26+)

ROUTINE 1	Routine Name _____ # of Dancers _____ Performance Category _____ Age Division _____ Difficulty Level _____ Competition Division _____
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ROUTINE 2	Routine Name _____ # of Dancers _____ Performance Category _____ Age Division _____ Difficulty Level _____ Competition Division _____
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ROUTINE 3	Routine Name _____ # of Dancers _____ Performance Category _____ Age Division _____ Difficulty Level _____ Competition Division _____
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ROUTINE 4	Routine Name _____ # of Dancers _____ Performance Category _____ Age Division _____ Difficulty Level _____ Competition Division _____
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ROUTINE 5	Routine Name _____ # of Dancers _____ Performance Category _____ Age Division _____ Difficulty Level _____ Competition Division _____
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Registration Deadline: The registration deadline for each competition is four (4) weeks prior to the competition date. Registrations received after the deadline will be assessed a \$100 late fee. **Entry Fees:** Entry fees are required to be paid in U.S. funds only and are non-refundable. All checks returned are subject to a \$35 NSF fee plus the incurred late fees. No more than two (2) checks for each registration. Payments made within two (2) weeks must be in the form of cash (please do not mail cash), cashier's check, or credit card. **Cancellation:** STUDIO LIVE! reserves the right to cancel any event that does not meet the minimal number of acceptable entries. In the event this should occur, all entry fees will be refunded. There will be NO refunds on entries after the minimum number of entries have been received and the competition has been confirmed. **Inclement Weather Policy:** In the event that a competition has to be re-scheduled or canceled due to inclement weather or unforeseen circumstances, all registration fees will be applied to future STUDIO LIVE! events. No refunds will be given.

ROUTINE 6 Routine Name _____ # of Dancers _____
 Performance Category _____ Age Division _____
 Difficulty Level _____ Competition Division _____

ROUTINE 7 Routine Name _____ # of Dancers _____
 Performance Category _____ Age Division _____
 Difficulty Level _____ Competition Division _____

ROUTINE 8 Routine Name _____ # of Dancers _____
 Performance Category _____ Age Division _____
 Difficulty Level _____ Competition Division _____

ROUTINE 9 Routine Name _____ # of Dancers _____
 Performance Category _____ Age Division _____
 Difficulty Level _____ Competition Division _____

ROUTINE 10 Routine Name _____ # of Dancers _____
 Performance Category _____ Age Division _____
 Difficulty Level _____ Competition Division _____

SOLOISTS ONLY - COMPLETE THIS PORTION (INDEPENDENTS ONLY)

Name _____
 Birth Date ____/____/____ Age ____ Phone (____) _____
 Dancer's Email _____
 (if independent, submit address)
 Street Address _____
 City _____ State _____ Zip _____

PAYMENT

\$90 for each Solo	\$90.00 x _____	= _____
	# of soloists	total
\$55 per person Duet/Trio	\$55.00 x _____	= _____
	# of dancers	total
\$50 per person for Small & Large Groups	\$50.00 x _____	= _____
	# of dancers	total
\$40 per person for Line & Production	\$40.00 x _____	= _____
	# of routines	total
Total Entry Fee Enclosed		_____

METHOD OF PAYMENT

Check or Money Order
 (make checks payable to Eastern)

School Purchase Order # _____

Credit Card
 (please fill out credit card information below)

CREDIT CARD Visa AMEX (Columbus Competition Only) Master Card Discover

Account # _____ Cardholder's Name _____
 Exp. Date _____ Security Code _____ Street Address _____
 State _____ Billing Zip _____ Signature _____



2016-17 Contestant Roster
Duplicate this roster for each routine.

NAME OF ROUTINE _____

Name _____ **Date of Birth** _____

Name _____ **Date of Birth** _____

1. _____

26. _____

2. _____

27. _____

3. _____

28. _____

4. _____

29. _____

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