



The Great Canadian Dance Challenge Medicine Hat, AB - 2017

Studio Name: _____

Email: _____

ENTRY CATEGORY SELECTIONS

<input type="checkbox"/> Solo: Short (2.5 Mins)	<input type="checkbox"/> Solo: Long (3.0 Mins)	<input type="checkbox"/> Duet	<input type="checkbox"/> Small Group (3 - 5)
<input type="checkbox"/> Medium Group (6 - 9)	<input type="checkbox"/> Large Group (10 - 15)	<input type="checkbox"/> X-Large Group (16+)	<input type="checkbox"/> Production

AGE

<input type="checkbox"/> Solo age as of March 1:	BIRTHDATE (solo only) __DD __MM ____YYYY	<i>Groups & Duets: Average Age of all dancers as of March 1st 2017. Solo: Age as of March 1st 2017.</i>			
		Number of Dancers in Routine: _____			
<input type="checkbox"/> 5 Years & Under	<input type="checkbox"/> 6 & 7 Years	<input type="checkbox"/> 8 & 9 Years	<input type="checkbox"/> 10 & 11 Years	<input type="checkbox"/> 12& 13 Years	
<input type="checkbox"/> 14 & 15 Years	<input type="checkbox"/> 16 & 17 Years	<input type="checkbox"/> 18Years & Over	<input type="checkbox"/> 40Years & Under	<input type="checkbox"/> 40Years & Over	

DISCIPLINE

<input type="checkbox"/> Jazz	<input type="checkbox"/> Tap	<input type="checkbox"/> Modern / Contemp	<input type="checkbox"/> Pointe	<input type="checkbox"/> Character / Demi Ballet	<input type="checkbox"/> Classical Ballet
<input type="checkbox"/> Lyrical	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Break Dance	<input type="checkbox"/> Musical Theatre	<input type="checkbox"/> Variety	<input type="checkbox"/> Visual / Interpretive
<input type="checkbox"/> National	<input type="checkbox"/> Acro	<input type="checkbox"/> Bollywood	<input type="checkbox"/> Production	<input type="checkbox"/> Student Choreography Discipline:	<input type="checkbox"/> Adult Recreation Discipline:

LEVEL

Average years of training of all dancers in this discipline
Accelerated dancers train 6+ hrs/week

<input type="checkbox"/> Beginner (first solo ever)	<input type="checkbox"/> Novice (1)	<input type="checkbox"/> Junior (2-3)	<input type="checkbox"/> Intermediate1 (4-6)	<input type="checkbox"/> Intermediate2 (7-9)	<input type="checkbox"/> Advance (10+)
<input type="checkbox"/> Accel. Beginner (first solo ever)	<input type="checkbox"/> Accel. Novice	<input type="checkbox"/> Accel. Junior	<input type="checkbox"/> Accel. Int.1	<input type="checkbox"/> Accel. Int2	<input type="checkbox"/> Accel. Advance
<input type="checkbox"/> Open (Teacher in routine)					

PROGRAM INFORMATION

Group (Song Title): _____
Soloist (First and Last Name): _____
Duet (First Names, Last Initials): _____

SIGN HERE

the teacher agrees to the Rules and Regulations (see form) and that years of training and age are entered in the correct level
<i>Teachers Signature:</i> _____



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STUDIO INFORMATION

Director/Owner:
Studio:
Address:
City:
Province:
Postal Code:
Phone:
Fax:
Contact Person:
Phone:
Email:

METHOD OF PAYMENT

<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa
<input type="checkbox"/> Money Order	<input type="checkbox"/> MasterCard
Card Holder Name:	
Address:	
City/Province:	Postal Code:
Card Number:	
Expiry Date:	
Card Verification Number	
Signature:	
<i>I agree to charge the above amount to my credit card:</i>	

SUMMARY OF ENTRIES

TYPE	# OF ENTRIES	# OF DANCERS	PRICE PER DANCER	\$20 LATE FEE (After Jan. 15th 2017)	SUB-TOTAL
Solo – 2.5 Minutes			X \$60		
Solo – 3 Minutes			X \$80		
Duets			X \$40		
Small Groups			X \$28		
Medium Groups			X \$28		
Large Groups			X \$28		
X-Large Groups			X \$28		
Production			X \$28		
TOTAL			TOTAL		
Early Bird Discount Subtract 5% (Dec. 1 st 2016)					
				GRAND TOTAL	\$

BACKSTAGE PASSES – TEACHERS ONLY

List Participating Teachers:

Send Entries/Fees payable to:

Phone: 250-768-7202
 Fax: 250-768-4579
 Email: info@showtimedancepromotions.com
 Web: www.showtimedancepromotions.com

Showtime Dance Promotions
 1778 Vineyard Drive
 West Kelowna, BC
 V4T 2W7

DEADLINE JANUARY 15th 2017