



2010 ENTRY SUBMISSION FORM

Entries must be postmarked no later than 30 days before the first day of competition

Please use this form as your cover sheet for faxed entries
or page one of your mailed entries

Contact Information

Location _____ Date _____

Studio Name _____

Director's Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Studio # () _____ E-mail _____

Cell # () _____ Fax # () _____

Preparer's Name _____ Phone # () _____

We plan to attend Elite Dance Cup Nationals Yes No

Entry Totals

Solos	
Title Solos	
Duo/Trios	
Small Groups	
Large Groups	
Lines	
Productions	
Total # Entries	

Submission Checklist

- All participating dancers in ALL entries are included on Roster/Release Form.
- All parent/guardian signatures are included on Roster/Release Form.
- One completed dancer Roster/Release Form attached.
- All birth-dates are included and accurate.
- All ages are included.

Total Fees

Entry Fees	
Extended Time Fees	
Late Fees	
Total \$\$ Enclosed	

Method of Payment

One studio check / money order / or cashiers check for the total of all entry fees.

Visa Mastercard Discover Card

Card Holders Name _____

Card Holders Billing Address _____

Card Number _____ / _____ / _____ Security Code _____

Expiration Date _____ / _____ Zip Code on Billing Statement _____

Fax Entries To Elite Dance Cup at 985.851.5108

Date _____ / _____ / _____ Total # of pages including cover sheet _____

Sender _____

Fax Number _____ Phone Number _____

Mail Entries and One Studio Check to: Elite Dance Cup ▪ Station 1, P.O. Box 10056 ▪ Houma, LA 70363

All fees are non-refundable, Elite Dance Cup will confirm receipt of studio entries when they have been processed.

Phone 985.851.5108 ▪ email: elitedancecup@att.net ▪ www.elitedancecup.com



2010 OFFICIAL REGIONAL ENTRY FORM

By submitting this entry form, I agree to all policies, procedures, rules and regulations set forth by Elite Dance Cup, LLC.

Competition City/Location: _____ Date of Competition: _____

Competition Level **Novice** **Competitive**
 Check One: _____

General Category **Solo** **Duo/Trio (2-3)** **Small Group (4-8)** **Large Group (9-15)**
 Check One: **Line (16+)** **Production (15+)**

Age Division **Petite (4 – 8)** **Junior (9 – 12)** **Teen (13 – 15)** **Senior (16 – 19)**
 Check One: **Adult (20+)** **Pro-Am (Teacher/Professional)**

Performance Category **Acrobatic/Gymnastic** **Ballet** **Clogging** **Hip Hop**
 Check One: **Jazz** **Lyrical** **Modern/Abstract** **Musical Theatre/Character**
 Open **Pointe** **Tap**

This box is for Solo's only - including Title Division		
For Duo/Trios, Groups, Lines and Productions use Dance Rooster		
Name: _____	Birthday: ____/____/____	Age: _____
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female

NAME OF ROUTINE: _____ AVERAGE AGE: _____

Choreographer of Routine: _____

Studio Name: _____ Phone: () _____

ENTRY FEES	
Solo.....	\$80.00 per entry
Duo/Trio...	\$45.00 per person
Groups.....	\$30.00 per person/extended time \$33.00
Lines.....	\$30.00 per person/extended time \$33.00
Production...	\$33.00 per person/extended time \$35.00

TITLE DIVISION	
<i>(Please √ Division Entering)</i>	
____ Petite Miss Elite	____ Petite Mr. Elite
____ Junior Miss Elite	____ Junior Mr. Elite
____ Teen Miss Elite	____ Teen Mr. Elite
____ Senior Miss Elite	____ Senior Mr. Elite
<i>Add \$25.00 per entry to Solo Fee</i>	

Performers this entry _____ \$ Entry Fees this entry _____

(Entry fees are non-refundable)

Extended Time Entry – (Check if Extended Time) Please include proper fees for extended time

Signature of Choreographer/Studio Owner: _____

Elite Dance Cup Release: All Studio Owners/Directors/Teachers/Choreographers do hereby grant permission for Elite Dance Cup, LLC to use their choreography, photographs, electronic/video images, and/or likeness, for appearance on video, television, or any other electronic or print media for advertising, promotion, news coverage, and/or any other commercial advertisement of our events without any form of compensation.



2010 NATIONAL DANCE ROSTER/RELEASE FORM

PLEASE TYPE OR PRINT LEGIBLY

NAME OF ROUTINE _____

DATE OF COMPETITION _____

1. Print the names and birthdates of all dancers competing on this list.
2. Photocopy and attach this list to the back of each entry.
3. Place a **X** next to the name(s) of student(s) performing in each particular entry
4. Each parent/guardian must sign next the the competitors' name.

**AVERAGE AGE OF
DANCERS IN ROUTINE** _____

*When figuring average age..... .5 rounds up
(Example 12.5 = 13)*

	X	Competitors' Name	Date of Birth	Age	Signature of Parent or Legal Guardian
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

(FOR ADDITIONAL NAMES AND INFORMATION ATTACH ANOTHER DANCER ROSTER/RELEASE FORM)

Signature of Authorized Legal Representative of Studio _____

**** Any dancer 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. Therefore, the above signed guardians hereby release and will not hold Elite Dance Cup, LLC and its Directors, Officers, or Staff liable or responsible for injuries or damages sustained while participating in any activity related to Elite Dance Cup, LLC. We also give Elite Dance Cup permission to use any photos and/or videos for advertising or news coverage through print or electronic media without any form of compensation.*

*****Special Instructions** Routines are expected to perform in the order they are scheduled. If a routine needs consideration due to special make-up or costuming please specify here. Elite Dance Cup will **TRY** to accommodate these requests, but **WE CANNOT GUARANTEE IT.**

Elite Dance Cup reserves the right to refuse any and all requests.