



2009 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	<input type="text"/>
Title Solos	<input type="text"/>
Duo/Trios	<input type="text"/>
Small Groups	<input type="text"/>
Large Groups	<input type="text"/>
Lines	<input type="text"/>
Productions	<input type="text"/>
Total # Entries	<input type="text"/>

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 attached to each Entry Form.
- All birth-dates are included and accurate.
- All ages are included.

Total Fees

Entry Fees	<input type="text"/>
Extended Time Fees	<input type="text"/>
Late Fees	<input type="text"/>

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 _____

Total \$\$ Enclosed

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: info@elitedancecup.com ▪ www.elitedancecup.com