

## PRE-TEEN, JUNIOR, YOUTH, SOLO (No Partner) ENTRY FORM

**REGISTRATION DEADLINE: FEBRUARY 1** 

Address: Phone/Fax:										M F NDCA#													
Phone/Fax:										City:					tate:			Z	Zip:				
											Email:												
	wcor	mer	PB-F	⊃re-	Bron	ze <b>B</b> -l	3ror	nze	<b>S</b> -Si	lver	<b>G</b> -Gold	OE	<b>3</b> -O <sub>l</sub>		nze (	<b>OS</b> -(	Open (			-Open Gold			
Entry Fee Includes	Entry Fee Includes Admission for the Session You Are Competing In																						
AGE LEVEL	BALLROOM				LATIN					ѕмоотн				RHYTHM				FEE					
	W	Т	VW	F	Q	С	S	R	Р	J	w	Т	F	VW	С	R	SW	В	M				
	W	Т	vw	F	Q	С	s	R	Р	J	w	Т	F	VW	С	R	SW	В	M				
	w	Т	vw	F	Q	С	s	R	Р	J	w	Т	F	vw	С	R	sw	В	M				
	w	Т	vw	F	Q	С	s	R	Р	J	w	Т	F	VW	С	R	SW	В	М				
ALL EVENTS AND I	DRE	SS (	CODE	WI	LL BI	E STR	ICTI			ILAT													
The undersigned, being 1. Assume all risks of bodi															shall l	nereb	y:						
2. Release and hold harm all liability to me, my perso through or under me, may suffered by me while atten	onal ro / at an	epre	sentati ne have	ves,	assign	s, heirs	, and	nex	t of k	n, and	d against	any	clain	n or cause	of act	tion w	hich I c	or any	one cla	aiming by,			
3. Consent to use and relewith the television broadca Festival and/or its parent, Inc.*	ast, e	xhibi	tion, di	strib	ution o	f promo	otion	of the	e eve	nt in a	ny manr	ner ar	nd by	any mea	ns, no	w or i	n the fu	ıture	by New	York Dance			
* If any person has an objecture, please notify the organited. • All persons attending this Council of America, Inc. ru	organi s ever	izers nt, w	of this hether	eve as s	nt in w	riting th	irty d	lays p	orior t	o the o	commen	r gue	ent. F	ailure to	notify vanizer,	will be	e concid	dered	as per	mission			
Leader:										Fo	ollower:												

## PAYMENTS MUST ACCOMPANY ENTRY FORM

Please make checks or money order payable to: NYDF, 120 Oceana Dr West #5B, Brooklyn NY 11235

Phone/Text: 347-829-NYDF (347-829-6933) Fax: 646-661-3358