

AMERICAN BALLET COMPETITION

2010 REGISTRATION

ENSEMBLE REGISTRATION FORM

Registration is limited – register early to assure entry
 Fill out both registration forms for Ensembles
 Type or print all information clearly

REGISTRATION DEADLINE: FEBRUARY 15, 2010

Mail with your check or money order to:
American Ballet Competition

If mailing:

Nov 1- Dec 30, 2009: 3510 W. River Court, Mequon, WI 53092

Jan 1 –Feb 15, 2010: 6132 N. 28th Street, Phoenix, AZ 85016

ENSEMBLE INFORMATION Please <i>print clearly</i>

School Name _____	School E-Mail _____
School Director _____	Director's E-Mail _____
School Address: _____	Phone/Fax _____
City _____ State _____	Postal Code _____ Country _____
Choreography Title _____	Teacher/Coach _____
Choreographer _____	Music by _____
Number of Dancers _____	Music Length in minutes _____

Download and print 2 pages for Ensemble registration:

1. Ensemble Registration
2. List of Dancers

Average age of dancers will determine performance division:

AVERAGE AGE: _____ DIVISION: I II III

FEES

Ensemble Fee (covers 1st four dancers)	\$ 250
Number of dancers _____ x \$30=	\$ _____
Number for Master Classes:	
Saturday: _____ Dancers x \$25	\$ _____
Sunday: _____ Dancers x \$25	\$ _____
Audits (Teachers/Relatives) \$50 x _____ =	\$ _____
Extra Competition Ticket(s) \$10 x _____ =	\$ _____
TOTAL ENCLOSED:	\$ _____

<p>3-Day Observation Audit - \$50</p> <p>For Teachers and/or relatives who wish to observe all master classes and coaching sessions. Includes all other competition events.</p> <p>Name(s) for Audit Credential:</p> <p>_____</p> <p>_____</p>
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Be sure to enclose copy of ABC rules and regulations signed by School Director.
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Office use only: Received _____	Ck# _____	Confirmed: _____	I: _____
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ENSEMBLE REGISTRATION – Page 2

LIST OF DANCERS - Dance Title _____

Download this form and attach it to the Ensemble Registration page 1.

Print clearly and indicate if taking master class - circle Saturday and/or Sunday.

1. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

2. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

3. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

4. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

5. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

6. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

7. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

8. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

9. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

10. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

11. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

12. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-Mail _____ Master Class: Yes No Sat Sun

For additional dancers #13-16– please list on back of this form.