

AMERICAN BALLET COMPETITION

2010 REGISTRATION

CLASSICAL SOLOS FORM

REGISTRATION DEADLINE: FEBRUARY 15, 2010

Registration is limited - register early to assure entry
 Use one form per contestant
 Type or print all information clearly
 Fill out a separate registration form for Ensembles
 Fill out a separate registration form for Contemporary ONLY

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

COMPETITOR INFORMATION Please print clearly

Dancer's Name _____ Age _____ Birthdate _____ Gender _____

School Name _____ Teacher/Coach _____

Check your division and enter your performance information:

DIVISION I Classical Ballet Variation _____
 (ages 9-12) Add'l Classical Variation (Elective) _____

DIVISION II Classical Ballet Variation -Round 1 _____
 (ages 13-16) Classical Ballet Variation - Round 2 _____
 Add'l Classical Variation (Elective) _____
 Contemporary Solo (Elective) _____ Running time _____
 Contemporary Choreographer _____ Music _____

DIVISION III Classical Ballet Variation -Round 1 _____
 (ages 17-20) Classical Ballet Variation -Round 3 _____
 Add'l Classical Variation (Elective) _____
 Contemporary Solo—Round 2 (Required) _____ Running time _____
 Contemporary Choreographer _____ Music _____

CONTACT INFORMATION

Parent's Name _____ Phone _____

Student's Address _____

City _____ State _____ Postal Code _____ Country _____

Student's Phone/Mobile _____ E-Mail _____

School Director _____ School Address _____

City _____ State _____ Postal Code _____ Country _____

Phone/Fax _____ E-Mail _____

FEES check competitor's division and add additional elective solos if any:

Division I \$205 \$ _____
 Division II \$285 \$ _____
 Division III \$305 \$ _____
 Additional Ballet Solo (All Div.) \$70 \$ _____
 Contemporary Solo (Div. II only) \$70 \$ _____
 Audit (Teachers/Relatives) \$50 x _____ = \$ _____
 Extra Competition Ticket (s) \$10 x _____ = \$ _____
TOTAL ENCLOSED: \$ _____

3-Day Observation Audit - \$50
 For Teachers and/or relatives who wish to observe all master classes and coaching sessions. Includes all other competition events.
Name(s) for Audit Credential:

Be sure to enclose copy of ABC rules and regulations signed by School Director.

Office use only: Received _____ Ck# _____ Confirmed: _____ I: _____