

2012 AMERICAN BALLET COMPETITION ENSEMBLE REGISTRATION FORMS

Please type or print all information clearly.

Fill out 2 forms:

1. Ensemble registration form
2. List of participating dancers

Register early to assure entry before participation quota is filled.

REGISTRATION DEADLINE: MAY 7, 2012
Mail with your check, money order or Western Union to:

Institute Dance Education Arts
Katherine C. Kersten
6132 N. 28th Street
Phoenix, AZ 85016

ENSEMBLE INFORMATION *Please Print Clearly*

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 _____

Average age of dancers will determine performance division:

AVERAGE AGE: _____ = DIVISION I II III
(age 9-11) (age 12-14) (age 15-19)

FEES:

Ensemble Entrance Fee: \$ 75.00

Number of dancers: _____ x \$35= \$ _____

Pas de Deux: 2 x \$60= \$ _____

Number for master classes:

Wednesday _____ dancers x \$30= \$ _____

Thursday _____ dancers x \$30= \$ _____

Friday: _____ dancers x \$30= \$ _____

Saturday: _____ dancers x \$30= \$ _____

Note: Payment for master classes here is ONLY for those NOT participating in Ballet and/or Contemporary solo categories - classes are included in those categories.

4-Day Competition Ticket \$35 x # _____ = \$ _____

4-Day Audit Pass \$60 x # _____ = \$ _____

TOTAL ENCLOSED: \$ _____

4-Day Observation/Audit Pass - \$60

For teachers and/or relatives who wish to observe all master classes, spacing/coaching sessions. Includes all competition rounds and events and a special session with master teacher.

(One complimentary pass per director or coach of participating school)

Name(s) for Audit Credential:

Director (Comp) _____

Other _____

Other _____

Other _____

I have read the American Ballet Competition rules and regulations as posted on ABC website and agree to abide by them.

Signature of School Director or Parent _____

ABC use only

2012 ENSEMBLE REGISTRATION - Page 2

LIST OF DANCERS - Dance Title _____

PLEASE PRINT CLEARLY

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

If more than ten (10) dancers in ensemble then copy this page or include names and information on back of this page.

MASTER CLASSES:

Indicate contestants (those not also in ballet/contemporary categories) taking master class(es) - circle day(s) if YES.

1. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

2. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

3. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

4. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

5. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

6. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

7. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

8. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

9. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat

10. Name _____ Age _____ D.O.B. _____
Address _____ City _____ State _____
Zip _____ E-Mail _____
Master Class: Weds Thurs Fri Sat