

REGISTRATION DEADLINE: JANUARY 9th

 Leader: _____ M F NDCA # _____

 Follower: _____ M F NDCA # _____

Studio Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEASE CHECK THE EVENTS YOU ARE ENTERING
SCHOLARSHIPS

Open Amateur International Latin Scholarship

Open Amateur International Ballroom Scholarship

 ENTRY FEE INCLUDES ADMISSION TO
THE BALLROOM FOR THE SESSION YOU
ARE COMPETING IN

AGE DIVISIONS: **ADULT (19+)** **SI (35+)** **SII (45+)** **SIII (55+)**
PLEASE CIRCLE AGE AND DANCES YOU ARE ENTERING
MULTI-DANCE EVENTS

AGE	DANCE LEVEL	BALLROOM	LATIN	SMOOTH	RHYTHM	FEE
A SI SII SIII	Closed Bronze 2-Dance	W/T , F/Q	C/R , S/J	W/T , F/VW	C/R , SW/B	
A SI SII SIII	Closed Silver 3-Dance	W, T, Q	C, R, J	W, T, F	C, R, SW	
A SI SII SIII	Closed Gold 4-Dance	W, T, F, Q	C, S, R, J	W, T, F, VW	C, R, SW, B	
A SI SII SIII	Novice Open 3-Dance	W, T, Q	C, R, J	W, T, F	C, R, SW	
A SI SII SIII	Pre-Championship	W, T, F, Q	C, S, R, J	W, T, F, VW	C, R, SW, B	
A SI SII SIII	Championship	W, T, WW, F, Q	C, S, R, P, J	W, T, F, VW	C, R, SW, B, M	

**ALL CLOSED SYLLABUS EVENTS WILL BE INVIGILATED USING THE CURRENT NDCA LIST OF ELEMENTS AND RESTRICTIONS.
PENALTIES MAY BE GIVEN WITHOUT WARNING FOR ANY SYLLABUS INFRACTIONS.**
RELEASE
The undersigned, being fully cognizant of the risks inherent in ballroom dancing and exhibitions, shall hereby:

- Assume all risks of bodily injury (including death) and property damage inherent in attending this event.
- Release and hold harmless Maryland Dancesport, LLC; Garry Gekhman and/or the National Dance Council of America, Inc. from all liability to me, my personal representatives, assigns, heirs, and next of kin, and against any claim or cause of action which I or anyone claiming by, through or under me, may at any time have against those hereby release, arising out of bodily injury (including death or damage), loss or theft of articles suffered by me while attending this event.
- Consent to use and release of his/her name and likeness to be used in photographs, television filming and recording of the event used in connection with the television broadcast, exhibition, distribution or promotion of the event in any manner and by any means, now or in the future by Maryland Dancesport, LLC and/or its parent, related, affiliated or subsidiary companies: Amanda Reyzin or the National Dance Council of America, Inc.*

* If any person has an objection to being video taped or the possibility of being seen on these tapes or in any publicity trailers or other use of his or her picture, please notify the organizers of this event in writing thirty days prior to the commencement. Failure to notify will be considered as permission granted.

* All persons attending this event, whether as spectators or as competitors or as officials or guests of the organizer, shall be bound by the National Dance Council of America, Inc. rules and by participating in this event, automatically become obligated to adhere to them.

Leader: _____

Follower: _____

PAYMENT MUST ACCOMPANY ENTRY FORM

Please make check or money order payable to:

MARYLAND DANCESPORT, LLC
3409 Silver Maple Place, Falls Church, VA 22042
Phone/Text: (732) 309-6352
Email: marylanddancesport@gmail.com