



Professional Entry Form

DEADLINE - JULY 31

Phone: 1-866-345-5154

Fax: 1-740-969-4457

Studio _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Gentleman _____ NDCA # _____

Lady _____ NDCA # _____

- | | |
|--|-------------|
| <input type="checkbox"/> Basics American Smooth (Bronze & Silver syllabus only) | W/T/F/VW |
| <input type="checkbox"/> Basics American Rhythm (Bronze & Silver syllabus only) | CC/R/SW/B/M |
| <input type="checkbox"/> Rising Star American Smooth | W/T/F/VW |
| <input type="checkbox"/> Open American Smooth | W/T/F/VW |
| <input type="checkbox"/> Rising Star American Rhythm | CC/R/SW/B/M |
| <input type="checkbox"/> Open American Rhythm | CC/R/SW/B/M |
| <input type="checkbox"/> Rising Star International Ballroom | W/T/VW/F/QS |
| <input type="checkbox"/> Open International Ballroom | W/T/VW/F/QS |
| <input type="checkbox"/> Rising Star International Latin | CC/S/R/PD/J |
| <input type="checkbox"/> Open International Latin | CC/S/R/PD/J |
| <input type="checkbox"/> Open Theater Arts/Showdance | |

Accounting Summary

| | |
|---|----------|
| _____ Basics Entries at \$75.00 | \$ _____ |
| _____ Rising Star Entries at \$75.00 Open | \$ _____ |
| _____ Entries at \$100.00 | \$ _____ |
| _____ Theater Arts/Showdance at \$100.00 | \$ _____ |

Entry fee includes admission to Ballroom for the session that you are competing. Incomplete forms will not be processed.
 Faxed entries processed ONLY when accompanied by credit card information.

RELEASE FORM

All persons attending this event, whether as a spectator, official, studio employee or guests of the Organizers shall be bound by the Competition and NDCA rules, and by attending this event, automatically become obliged to adhere to them. Capital Dancesport, the Hotel and NDCA accept no responsibility for any loss or theft of articles left in changing rooms, Ballroom, or Hotel rooms, or for any loss or injury sustained by persons attending this event. The submission of this entry form expressly and irrevocably waves any claim (s) arising from any loss or injury incurred at this event.

Make checks payable to: Capital Dancesport
 Mail payments and entries in care of:

Brenda Burger
 7227 Edenborough Court
 Lancaster, Ohio 43130
 Fax: 740-969-4457

CREDIT CARD INFORMATION

_____ AMEX _____ VISA _____ M/C

Card #: _____
 Exp. Date: _____ Sec _____
 Name on Card: _____
 Address: _____
 City/State/Zip: _____
 Signature: _____