

Northville's

8th Annual

Talent for the Title

Dance Entry Form

All Entries MUST be typed or printed clearly

Please complete all questions. Use a separate form for each entry. If more forms are needed, please duplicate.

Dance (check one): Solo Duet Trio

Name of Routine: _____

Type of Routine: Tap Jazz Ballet Lyrical Hip Hop

Other _____

Name: _____ Phone: (____) _____

Address: _____ Date of Birth: ____ / ____ / ____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) _____

Email Address: _____ Alt. Phone: (____) _____

***Entry Fees (choose one category):**

Solo: \$60.00 Duo/Trio: \$90.00

Indicate Interest in BMAC Invitational Performance Participation Yes No

Total Fees Enclosed \$ _____

We accept checks, money orders, certified checks and credit cards made payable to 'Talent For The Title'. Full payment must accompany entry form. For payment by credit card, please fill out the following information and mail to:

Talent for the Title, 141 N. Center St., Ste. 102, Northville, MI 48167

Type of Credit Card (Circle One): Visa Mastercard Discover American Express

Card # _____ / _____ / _____

Expiration Date: _____ / _____ 3-4 digit security code: _____

Name on Card: _____

Cardholder's Address: _____

Cardholder's Signature: _____

All returned checks are subject to \$35.00 fee.

**Non-refundable with the exception of applicants not accepted to preliminary round.*

RELEASE:

I hereby release all directors, officers, and representatives of this competition from any and all claims for damages or injury sustained while participating in any activity related to this competition.

Signature of Applicant or Parent/Guardian if Applicant is 17 years or younger

Date

Submission Date: May 16, 2016 (postmark date)

Submission Checklist:

Entry Form DVD or Video Payment

(248) 374-5596 or (269) 375-2808

Information

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Please complete all questions. Use a separate form for each entry. If more forms are needed, please duplicate.

Age or Average Age: _____

Calculate average age based on age of each dancer as of January 1st, 2016

Studio Name: _____

If Applicable

Studio Address: _____

City: _____

State: _____

Zip: _____

Director's Name: _____

Phone: () _____

Dancer's Name	Birth Date	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Props List: _____

Attach another copy of this form for additional information

(248) 349-5596 or (269) 375-2808
Information