



PRO-AM SINGLE DANCE & SOLO ENTRY FORM

REGISTRATION DEADLINE: JANUARY 15th

Leader: M F NDCA# _____

PROFESSIONAL
 STUDENT

Follower: M F NDCA# _____

PROFESSIONAL
 STUDENT

Studio Name: _____

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

Phone: _____ Email: _____

PLEASE CIRCLE AGE & DANCES

- A1 (16-30) B1 (51-60) C2 (76-80)
- A2 (31-40) B2 (61-70) C3 (81+)
- A3 (41-50) C1 (71-75)

**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.**

	SMOOTH	RHYTHM	NIGHTCLUB										BALLROOM	LATIN	
Newcomer	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Pre-Bronze	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Int Bronze	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Full Bronze	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Open Int Bronze	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Open Full Bronze	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Pre-Silver	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Int Silver	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Full Silver	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Open Int Silver	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Open Full Silver	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Pre-Gold	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Int Gold	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Full Gold	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Open Int Gold	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Open Full Gold	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J
Open Adv Gold	W T FT VW PB	CC R ECS B M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W T VW FT QS	CC S R PD J

SOLO SHOWDANCE EXHIBITION (3 minute time limit)

STYLE	AGE	LEVEL	DANCE

RELEASE

The undersigned, being fully cognizant of the risks inherent in ballroom dancing and exhibitions, shall hereby:

1. Assume all risks of bodily injury (including death) and property damage inherent in attending this event.
2. Release and hold harmless MarylandDancesport, 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.
3. 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 MarylandDancesport, 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
E-mail: marylanddancesport@gmail.com