



PROFESSIONAL ENTRY FORM

REGISTRATION DEADLINE: JANUARY 15TH

Leader: M F NDCA # _____

Follower: NDCA # M F _____

Studio Name: _____

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

Phone: _____ Email: _____

PLEASE CHECK THE EVENTS YOU ARE ENTERING

FRIDAY, FEBRUARY 2nd, 2024	FRIDAY, FEBRUARY 2nd, 2024	SATURDAY, FEBRUARY 3rd, 2024
<input type="checkbox"/> Basic International Latin - \$100	<input type="checkbox"/> Rising Star International Latin - \$100	<input type="checkbox"/> Open Professional American Rhythm - \$100
<input type="checkbox"/> Basic International Ballroom - \$100	<input type="checkbox"/> Rising Star International Ballroom - \$100	<input type="checkbox"/> Open Professional American Smooth - \$100
<input type="checkbox"/> Basic American Rhythm - \$100	<input type="checkbox"/> Rising Star American rhythm - \$100	<input type="checkbox"/> Open Professional International Latin - \$100
<input type="checkbox"/> Basic American Smooth - \$100	<input type="checkbox"/> Rising Star American Smooth - \$100	<input type="checkbox"/> Open Professional International Ballroom - \$100
		<input type="checkbox"/> Theater Arts / Cabaret - \$100

PRIZE MONEY			
Place	Rising Star & Basic	Theater Arts Cabaret	Open Professional
1st	\$500	\$600	\$1,200
2nd	\$400	\$500	\$1,000
3rd	\$300	\$400	\$800
4th	\$200	\$300	\$600
5th	\$100	\$200	\$400
6th	\$100	\$100	\$200

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: Garry Gekhman 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