

**★★★ FREE ADMISSION AT ALL COMPETITIONS ★★★**  
**SUMMERDANSE ENTRY FORM...PLEASE PHOTOCOPY OR CALL FOR EXTRA COPIES**

**INFORMATION: 716-989-9783 • E-MAIL bevsdance4484@hotmail.com**

**ENTRY DEADLINE...ALL ENTRIES MUST BE POSTMARKED 30 DAYS BEFORE EACH COMPETITION**

LATE ENTRIES...\$5.00 PER PERSON-PER ENTRY, UP TO 15 DAYS BEFORE COMPETITION.  
ALL LATE ENTRIES MUSTS BE PAID FOR IN CASH, MONEY ORDER OR CERTIFIED CHECK.

1. Please use **only one** entry form for each routine.
2. Please refer to the Summerdansen rules when completing your entry.
3. Please enclose a check or money order for the full amount.
4. **NO ENTRIES ACCEPTED THE DAY OF THE COMPETITION!**
5. **Information must be completed in all 5 parts of application.**

**1**

**★★★ COMPETITION SITES — PLEASE CHECK ONE ★★★**

CLEVELAND, OH (Sunday, April 10) \_\_\_\_\_ BUFFALO/CANADA I (Saturday, May 14) \_\_\_\_\_  
 PITTSBURGH, PA (Sunday, May 1) \_\_\_\_\_ BUFFALO/CANADA II  
 ROCHESTER, NY (Sunday, May 22) \_\_\_\_\_ (Saturday, June 11) (Sunday, June 12) \_\_\_\_\_

Ages: (6 yrs. & under) (7-8) (9-10) (11-12) (13-14) (15-16) (17-18-19) (20-29) (30 yrs. & over)

Age Division: \_\_\_\_\_ Number of students in routine: \_\_\_\_\_

Age as of April 1st, 2011

Average age - drop decimal point

**2**

**★★★ LEVEL — PLEASE CHECK ONE ★★★**

Recreational (3 hours or less of classes per week) \_\_\_\_\_

Competitive \_\_\_\_\_

**3**

**★★★ DANCE DIVISIONS — PLEASE CHECK ONE ★★★**

Jazz \_\_\_\_\_ Ballet/Pointé \_\_\_\_\_ Musical Theatre \_\_\_\_\_ Acro \_\_\_\_\_ Lyrical/Modern \_\_\_\_\_ Tap \_\_\_\_\_  
 Production \_\_\_\_\_ Hip Hop \_\_\_\_\_

**4**

**★★★ CATEGORY — PLEASE CHECK ONE ★★★**

Solo \_\_\_\_\_ Duet/Trio \_\_\_\_\_ Small Group (4-9) \_\_\_\_\_ Large Group (10+) \_\_\_\_\_ Production \_\_\_\_\_  
 \$48.00 \$28.00 per dancer \$20.00 per dancer \$20.00 per dancer \$20.00 per dancer

**5**

**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_ *Prices are listed US Funds*

Please make checks payable to B. Crowe and mail entry to:

**SUMMERDANSE COMPETITION • 297 Lakeside Drive • Angola, NY 14006**

Title of music: \_\_\_\_\_

Name of dance teacher: \_\_\_\_\_

Name of dance studio: \_\_\_\_\_

Studio address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Studio phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home phone of studio owner: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list the following information for students on this entry form: — Continue names on back

Name	Age as of April 1st	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____