

**Amateur
Group & Solo
Show Dance**

#5

Teacher's First/Last Name:	
Studio:	City:
Tel:	Email:
Dance Title	
AGE DIVISIONS: (JV 0-11) (JR 12-15) (YTH 16-18) (AD 18+) (S 40+)	
Dance Style:	
Dance Name:	
PARTICIPANTS	
Music/Notes	
PLEASE SEND ENTRY FORM WITH PAYMENT BY EMAIL info@crystalcupdancesport.ca No Exchange or Refund on Admission. No Refund or cancelled Entries after Closing date August 1, 2024. The organizer cannot be held responsible for the loss or theft of articles nor held liable for injury sustained by persons attending this event. Everyone attending does so at his/her own risk and are bound by all NDCC rules.	
<i>I agree with all Rules&Conditions.</i>	<i>I agree with all Rules&Conditions.</i>
<i>Signature</i>	<i>Signature</i>
Competitors under 16 years of age must have this form signed by a parent or legal guardian.	