

2018 HERITAGE CLASSIC DANCESPORT CHAMPIONSHIPS PROFESSIONAL ENTRY FORM



**CLOSING DATE:
January 31, 2018**

FOR OFFICE USE ONLY

I.D.# _____

Payment Rec'd _____ \$ _____

PLEASE NOTE - BOTH PARTNERS MUST SIGN THIS RELEASE FORM

GENTLEMAN _____ **SIGNATURE** _____

Reg. Number (NDCA/WDC) _____ Social Security # (USA only): _____

LADY _____ **SIGNATURE** _____

Reg. Number (NDCA/WDC) _____ Social Security # (USA only): _____

MAILING ADDRESS _____

CITY _____ State/Zip _____ Tel: _____

Email _____ Fax _____

CHECK THE EVENTS YOU ARE ENTERING:

EVENT #	EVENT	ENTRY FEE
1st \$1,100	2nd \$800	3rd \$500
151 _____	Theater Arts /Cabaret Exhibition	\$60.00 session 7
1st \$800	2nd \$600	3rd \$500
152 _____	Rising Star American Smooth	\$60.00 session 5
153 _____	Rising Star American Rhythm	\$60.00 session 5
154 _____	Rising Star International Ballroom ...	\$60.00 session 5
155 _____	Rising Star International Latin	\$60.00 session 5
1st \$2,000	2nd \$1,500	3rd \$1,250
156 _____	Open American Smooth	\$90.00 session 9
157 _____	Open American Rhythm	\$90.00 session 7
158 _____	Open International Ballroom	\$90.00 session 7
159 _____	Open International Latin	\$90.00 session 9

**Entry fee will be waived for professionals on a package.
(Member of a partnership not on package will pay 50% of entry fee.)
Entry fee includes admission to the ballroom for the
sessions in which you are competing.**

Circle Method of payment: check money order Visa M/Card AmEx Cr.Card # _____

Expiration date: _____ Security code: _____ Name of card holder _____

Cr Card billing address _____

RELEASE: The aforesigned, 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 Viva Dance Promotions; Colin and Joy Hillary; 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 released, arising out of bodily injury (including death) or damage, loss or theft of articles suffered by me while attending this event.
3. Consent to the 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 Viva Dance Promotions and/or its parent, related, affiliated or subsidiary companies; Colin and Joy Hillary; 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 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. In the event of a dispute with the NDCA, it's rules or decisions, I agree to follow all avenues of appeal available to me within the council. If after all avenues of appeal have been exhausted and the matter is still unresolved, I hereby agree to submit the dispute to arbitration by an outside arbiter provided by the American Arbitration Association, the site of any such arbitration shall be chosen by the NDCA.

Email: vivadanpro@aol.com Fax: 561-405-6135 Mail to: 6755 NW 122nd Ave, Parkland, FL 33076

**GROVE PARK INN
HOTEL RESERVATIONS:**

**Room rate of \$204 including tax is only available when booked through the organizer.
Add \$24 per person, per night for 3rd and 4th guest sharing a room.
Hotel sellout anticipated - book early**

Arrival Day: _____ Single

Departure Day: _____ Double

Circle number of beds required: 1 or 2

Total # nights: _____ @ \$204 = \$ _____

**Advance payment in full is required to secure reservation at special rates.
For other purchases, please use separate form.**

If faxing or e-mailing your entry form, please provide a credit card number for payment.

Do not fax after Feb 23, we will not receive it!