

United States Dance ChampionshipsSM

September 4th - 9th, 2017

Recognized by: The National Dance Council of America, Inc.

Pro/Am Championship Entry Form

U.S. National Pro/Am Scholarship

Final Deadline for Entries: August 6th, 2017

Make checks payable to

American Ballroom Co. and mail to:

P.O. Box 4507, Palos Verdes Peninsula, CA 90274

Telephone: (310) 544-4636 Fax: (310) 544-1736

or visit www.UnitedStatesDanceChampionships.com

1. Fill in all requested information (please print or type). 2. Check the events you are entering, sign on reverse (required) and enclose your entry fee.

Male: _____
Pro or Student (please circle one)

Female: _____
Pro or Student (please circle one)

Pro Registration#: _____

Email: _____
 Check box if you want to be on the mailing list

Street Address: _____

Telephone: _____

City: _____

Fax: _____

State or Country: _____

Zip/Postal Code: _____

Late Fees: Postmark after August 6th - \$20 per person, after August 20th - \$50 per person.

ALL PRO/AM CHAMPIONSHIPS ARE UNISEX (LADIES & GENTS COMBINED) UNLESS OTHERWISE INDICATED

U.S. NATIONAL PRO/AM SCHOLARSHIP CHAMPIONSHIPS

To qualify for these events, the student must enter a minimum of 5 pro/am single dance entries per scholarship event entered (4 dances for American Smooth). When entering a Multi Dance Event each individual dance will count as a single dance entry (i.e. an entry into the U.S. Open to the World Pro/Am Rising Star American Rhythm Competition (C/R/SW/B/MA) would count as 5 single dances).

Age Classifications: A(16+) B(36+) C (51+) S1 (61+) S2 (71+) * Age C may also dance in A & B; Age B may also dance in A, etc.

SESSION 3 - TUESDAY DAY, SEPTEMBER 5th

U.S. National Pro/Am American Rhythm 5-Dance Scholarship (C/R/SW/B/MA)	#	@\$250=
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Closed Bronze <input type="checkbox"/> Closed Silver <input type="checkbox"/> Closed Gold <input type="checkbox"/> Open Gold		

SESSION 5 - WEDNESDAY DAY, SEPTEMBER 6th

U.S. National Pro/Am American Smooth 4-Dance Scholarship (W/T/F/VW)	#	@\$200=
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Closed Bronze <input type="checkbox"/> Closed Silver <input type="checkbox"/> Closed Gold <input type="checkbox"/> Open Gold		
<i>*The Closed Bronze section will be danced on Session 3, Tuesday Day.</i>		

SESSION 7 - THURSDAY DAY, SEPTEMBER 7th

U.S. National Pro/Am International Latin 5-Dance Scholarship (C/S/R/PD/J)	#	@\$250=
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Closed Bronze <input type="checkbox"/> Closed Silver <input type="checkbox"/> Closed Gold <input type="checkbox"/> Open Gold		

SESSION 9 - FRIDAY DAY, SEPTEMBER 8th

U.S. National Pro/Am International Ballroom 5-Dance Scholarship (W/T/F/VW/Q)	#	@\$250=
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Closed Bronze <input type="checkbox"/> Closed Silver <input type="checkbox"/> Closed Gold <input type="checkbox"/> Open Gold		

No entry will be accepted without payment in full. Payment may be made with a certified check, money order (in U.S. Dollars) or with VISA, or MASTERCARD (form on reverse). A 4% administrative fee will be charged for all credit card payments.

Admission Tickets - Please Use Admission Order Form

*All participants must be booked with the hotel and have their reservation associated with the United States Dance Championships. If your reservation is not designated as a United States Dance Championship reservation with the hotel, there will be an additional \$10 per entry fee. Please call the hotel directly at (407) 934-3000 and reference the United States Dance Championships to avoid the additional \$10 fee per entry.
NOTE: Florida residents are exempt from this rule

Non USDC Room Rate Fee (if applicable)	\$
Event Fees	\$
Late Fees	\$
GRAND TOTAL DUE	\$
R# _____ PAYMENT	\$
BALANCE	\$

(over for release form & credit card authorization)

RELEASE AND AUTHORIZATION

Event Dates: September 4th - 9th, 2017

“In consideration of all goods and valuables, receipt of which is hereby acknowledged, the undersigned hereby irrevocably give and grant to American Ballroom Company the right to use, refer to and reproduce programs by means of video tape recordings (hereinafter referred to as “reproductions”), edited and arranged as you desire, using my name, voice, likeness, acts, poses, appearances and utterances as part of and in connection with my appearance on any program, and in any advertising, publicity and promotion in relation to your activities, the program and the products or services of any sponsor(s) thereof; and to exhibit, transmit, distribute, and otherwise use same as you desire in all fields and media throughout the world without limitations.

We agree that American Ballroom Company, Inc., any of their affiliates, subsidiaries and employees shall be free of any liability or claims arising from the production, exhibition, transmission, distribution or use of said programs.

All reproductions shall be your sole and exclusive property. We hereby forever release and discharge you of any and all liabilities, claims and demands, suit and actions which we ever had, now have, or may have based upon any agreements herein made. We shall defend, indemnify and hold you harmless from and against any and all claims, demands, losses, suits and expenses relating to this agreement. We agree that we have not and shall not accept any money or other valuable consideration for the inclusion in the program of any matter promoting any product or service.

This agreement is intended, among other things, to fulfill all requirements of the Civil Rights Law and of any and all other restrictions against violations of our so-called right of privacy.

The terms “you and your” and words of similar import, as herein used shall include you and your officers, directors, licensees, lessees, assigns, successors, affiliates, associates, subsidiaries and parents, and all other users of the reproductions, and their employees.

We warrant that we are over eighteen (18) years of age, or are the parents of Junior competitors, and have full right, power and authority to make this agreement. We understand that permitting us to appear on the program, you are acting in reliance upon this agreement.”

No responsibility for loss or theft of articles left in Changing Rooms, Ballrooms or Hotel Rooms can be accepted by the Organizer, or by the National Dance Council of America, Inc., and neither can they be held liable for injury sustained by persons attending this event. Everyone attending does so at his or her own risk.

All persons attending this event, whether as spectators, competitors, 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.

REFUND POLICY: Please read policy regarding entry refunds contained in the syllabus.

TOP TEACHER PRIZE MONEY: Please go to www.unitedstatesdancechampionships.com for the most current prize money & qualifications.

► For Complete Rules & Regulations visit www.UnitedStatesDanceChampionships.com

We have read the Television and Loss Release and agree to its conditions. We have also read the Additional Rules for this competition and the refund policy listed in the official syllabus and agree to abide by these rules in addition to all NDCA rules governing this event.

Participants

Signature of Participant

Date

Signature of Participant

Date

Parent/Legal Guardian:

Signature of Parent/Legal Guardian

Date

(A 4% administrative fee will be charged for all payments made with credit card)

Subtotal: \$ _____ 4% Admin Fee: \$ _____

Please charge the total amount \$ _____ to my VISA MASTERCARD

Name on Card: _____

Credit Card Number: _____

CVC: _____

Expiration Date: _____

Billing Address: _____

City: _____

State/Country: _____

Zip/Postal Code: _____

Daytime Telephone Number: _____

Fax: _____

Signature of Card Holder: _____