



STARMAKER COMPETITION INFORMATION

STUDIO NAME _____

MANCHESTER, NH
JULY 24, 2012

DANCER INFORMATION FORM

TEACHERS PLEASE OBSERVE THE FOLLOWING:

- Each competition number must be entered on a separate competition form—please photocopy.
 - Proof of age for each dancer competing must be brought to the convention and provided upon request.
- Do not send or fax this information to the office.**

NAME OF ROUTINE: *(Please print)*

AGE DIVISIONS

- Camp Dance Adventure (3 to 6 years)
- Junior (7 to 9 years)
- Pre-Teen (10 to 12 years)
- Teen (13 to 14 years)
- Senior (15 and older)

TIME LIMITS

- Solo (2:45 time limit)
- Duo/Trio (2:45 time limit)
- Group (4-8 Dancers • 3:00 time limit)
- Line (9-16 Dancers • 4:00 time limit)
- Production (17 or more • 6:00 time limit)

SUBJECTS

- Ballet
- Jazz
- Tap
- Lyrical
- Contemporary
- Musical Theatre
- Hip Hop
- Variety

	NAMES OF DANCERS <i>(please print)</i>	GENDER		AGE
		M	F	
1		M	F	
2		M	F	
3		M	F	
4		M	F	
5		M	F	
6		M	F	
7		M	F	
8		M	F	
9		M	F	
10		M	F	
11		M	F	
12		M	F	
13		M	F	
14		M	F	
15		M	F	
16		M	F	
17		M	F	
18		M	F	
19		M	F	
20		M	F	

1) Combine the **AGES OF ALL PARTICIPATING DANCERS** (by adding them all together) and place the total in **BOX A.**

BOX A

2) Combine the **TOTAL NUMBER OF PARTICIPATING DANCERS** and place the total in **BOX B.**

BOX B

3) Divide **BOX A** by **BOX B** and place the total in **BOX C.**
ex. BOX A ÷ BOX B = BOX C

BOX C

PLEASE MAIL ALL FORMS TO:

P.O. BOX 1586, LAGUNA BEACH, CA 92652-1586

FAX TO: 949.715.7403 (CREDIT CARDS ONLY)

Call us toll free at **1-866-443-5300** for help with this form.

SIGNATURE REQUIRED

I have read and understand all of the above rules and regulations. This signature releases DanceMakers, Doug Shaffer, all employees, teachers and staff from any liability for any contracts, claims, liabilities, suits, actions, or damages of any kind regarding injuries or damages from any participation in DanceMakers Convention or Competition. I understand that all images from attending DMI can be available for publicity purposes including print, video and DVD.

Authorized legal representative's signature:

X _____

FORMS SUBMITTED WITHOUT SIGNATURE WILL NOT BE ACCEPTED.



ATTENDEE REGISTRATION FORM

APPLICANT NAME _____ STUDIO NAME _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

STUDIO PHONE _____ CELL _____ E-MAIL _____

DANCER INFORMATION

NAMES OF DANCERS (please print) GENDER AGE DOB

	NAMES OF DANCERS (please print)	GENDER	AGE	DOB
1		M F		/ /
2		M F		/ /
3		M F		/ /
4		M F		/ /
5		M F		/ /
6		M F		/ /
7		M F		/ /
8		M F		/ /
9		M F		/ /
10		M F		/ /
11		M F		/ /
12		M F		/ /
13		M F		/ /
14		M F		/ /
15		M F		/ /

**MANCHESTER, NH
JULY 24, 2012**

Competition Registration

Cut-off Date: 7/03/12

(All entries must be received and paid by this date for discount)

**Hotel: RADISSON HOTEL
MANCHESTER, NH DOWNTOWN
700 ELM ST.
MANCHESTER, NH 03101**

Hotel Phone: 603-625-1000

Special Hotel Rate: \$109

Special Hotel Rate Cut-off Date: 7/03/12

PLEASE INCLUDE:

- All of the names of attending participants.
- Category of Attendee.
- Pre-Registration of all Observers.
- All Birthdates for everyone EXCEPT Teachers and Observers.
- A Photocopy Sheet of this form with additional names if needed.

Credit cards and checks may be used when registering online. When paying by check, call the office for directions. Registration is not guaranteed until payment is received. Camp DanceAdventure, Junior, Senior, Teacher and Observer registrations will be closed if maximum capacity is reached, which may happen before cut-off date. There are NO REFUNDS...NO EXCEPTIONS.

Category	Number Registering	Total Fee
SOLO \$90 per routine/per dancer	_____	\$ _____
DUO/TRIO \$40 per routine/per dancer	_____	\$ _____
GROUP \$30 per routine/per dancer 4-8 Dancers	_____	\$ _____
LINE \$25 per routine/per dancer 9-16 Dancers	_____	\$ _____
PRODUCTION \$22 per routine/per dancer 17 or more	_____	\$ _____
Totals	_____	\$ _____

PAYMENT METHOD: Check Visa MC Discover American Express

Card #: _____ exp. _____

Name on card: _____ CVC #: _____

Signature: _____

CONVENTION Fees Total: \$ _____

COMPETITION Fees Total: \$ _____

Grand Total: Check \$ _____ Credit Card \$ _____

REGISTER ONLINE!
WWW.DANCEMAKERSINC.COM