



'19 INDEPENDENT REGISTRATION

Name of Independent: _____

Competition LOCATION: _____

Competition DATE: _____ (Month, Day, Year)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Email Address (required): _____

Adult Chaperone if under the age of 18: _____

By registering for this event, the participant/adult chaperone agree that they have read, and understand the rules, as well as the award policies. Five routines must be registered in the Level/Age Division/Size in order to award the 1st – 3rd place awards and prizes. If less than 5 routines are registered, one 1st place award will be announced. Overall Awards will be announced for the highest routines in the Petite, Junior, Teen, and Senior divisions. The Production size division at both the Competitive and Advanced Competitive level are divided into Juniors (12 and younger) and Seniors (13 and older) and are grouped in one general category. Cash prizes will be awarded to the first, second, and third place Overall Routines in the Advanced Competitive and Elite levels, and Future Credits will be awarded in the Beginner and Competitive levels. Additional routines may be awarded if the category has a large number of registrations. All decisions of the judges are final. Any questions in regards to judging should be made in writing by email or mail following the event. Any image or video of performers at this event may be used by Dance Force Xpress for promotional purposes. Independent agrees to share DFX expectations of proper sportsmanship with their spectators. Music is required one week prior to the event; a \$10 late fee per routine will be charged for routines that do not have music submitted at least one week in advance, and will need to be paid prior to the event. Routines that do not have music submitted at least 24 hours prior to the competition will be disqualified and will be removed from the competition order. Release forms are required for each participant. Refunds will be given if requested in writing two weeks prior to the event.

Adult Chaperone Signature: _____ Date: _____

DANCE FORCE XPRESS

P.O. Box 1390 ~ Sterling Heights, MI 48311

(248) 4-DanceX ~ info@DanceForceXpress.com

www.DanceForceXpress.com



'19 INDEPENDENT ROUTINE INFORMATION

* Please complete one form per routine *

I have completed the INFORMATION SHEET

Name of Routine: _____
(to be printed and announced)

Instructor/Choreographer (s) : _____

Level:

___ BEGINNER ___ COMPETITIVE ___ ADV. COMPETITIVE ___ ELITE (*Junior, Teen, Senior Solos ONLY*)

Age Division (check one)

___ 8 and Under (*PETITE*)
___ 9-12 Years (*JUNIOR*)
___ 13-15 Years (*TEEN*)
___ 16-20 Years (*SENIOR*)

Size Division (check one)

___ Solo
___ Duo/Trio
___ Small Group (4-9 performers)
___ Large Group (10-19 performers)
___ Line (20+ performer)

Category (check one)

___ Ballet / Pointe
___ Character / Musical Theatre
___ Hip Hop
___ Jazz
___ Lyrical
___ Modern/Contemporary
___ Open
___ Tap

PARENT ROUTINE

___ Adjudicated Parent Routine (\$75 per routine)

Production (20+ performers, extended time)

Level (check one)

___ Competitive
___ Advanced Competitive

Age Division (check one)

___ 12 and Under
___ 13 and Over

Average Age of Performers: _____

Please clearly print **full names** and **age as of 1/1/19 in whole numbers** for each performer.

(EXAMPLE: *Suzy Smith – 12*) Printed lists may be attached to this form, or emailed to info@DanceForceXpress.com. Include the routine name and studio in the title. Please note below if rosters are being emailed.

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 14. _____ | 27. _____ |
| 2. _____ | 15. _____ | 28. _____ |
| 3. _____ | 16. _____ | 29. _____ |
| 4. _____ | 17. _____ | 30. _____ |
| 5. _____ | 18. _____ | 31. _____ |
| 6. _____ | 19. _____ | 32. _____ |
| 7. _____ | 20. _____ | 33. _____ |
| 8. _____ | 21. _____ | 34. _____ |
| 9. _____ | 22. _____ | 35. _____ |
| 10. _____ | 23. _____ | 36. _____ |
| 11. _____ | 24. _____ | 37. _____ |
| 12. _____ | 25. _____ | 38. _____ |
| 13. _____ | 26. _____ | 39. _____ |

Select **one** of the following as a payment option:

SOLO: Registration Fee of **\$85.00** per routine ___ *Half price senior solo? Attach proof of senior status*

DUO/TRIO: Registration Fee of **\$100.00** per routine

GROUP ROUTINE: # OF PERFORMERS: _____ X Registration Fee of \$35 per person = _____

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Office Use Only:

ROUTINE #: _____

Date Rec: _____

TOTAL: _____