

**REGISTRATION DEADLINE: FEBRUARY 1** 

## MIXED AMATEUR MULTI-DANCE ENTRY FORM

Leade	er:			М	F NDCA#	:		
Follo	ver:			M F NDCA#				
Address:				City:		State:	Zip:	
Phone/Fax:				Email:				
		/ISION	N: A (16-35) B (36-50) C	(51+)		ENTRY FEE INCLUDES ADMISSION FOR THE SESSION YOU ARE COMPETING IN		
CHAMPIONSHIP EVENTS								
	AGE		CATEGORY	BALLROOM	LATIN	SMOOTH	RHYTHM	FEE
A	В	С	Open Advanced \$120	W, T, VW, F, Q	C, S, R, P, J	W, T, F, VW	C, R, SW, B, M	
Α	В	С	Closed Bronze \$90	W, T, F	C, S, R	W, T, F	C, R, SW	
Α	В	С	Closed Silver \$100	W, T, F, Q	C, S, R, J	W, T, F, VW	C, R, SW, M	
Α	В	С	Closed Gold \$100	W, T, F, Q	C, S, R, J	W, T, F, VW	C, R, SW, M	
RELEASE								
The undersigned, being fully cognizant of the risks inherent in the ballroom dancing and exhibitions, shall hereby:  1. Assume all risks of bodily injury (including death) and property damage inherent in attending this event.								
all liab	ility to	o me, r under r	old harmless New York Dance Festi my personal representatives, assign me, may at any time have against the hile attending this event.	ns, heirs, and next of ki	n, and against any o	claim or cause of ac	tion which I or anyone	claiming by,
with th	ne tele Fest	evision tival an	and release of his/her name and li broadcast, exhibition, distribution id/or its parent, related, affiliated or	of promotion of the eve	ent in any manner a	nd by any means, n	now or in the future by	New York
her pic permis	cture ssion erson	, pleas grante is atten	es an objection to being videotaped e notify the organizers of this ever ed. Iding this event, whether as spectat a, Inc. rules and by participating in	nt in writing thirty days	prior to the comme	encement. Failure to	o notify will be concid	ered as
Gentle	emar	n:			Lady:			

PAYMENTS MUST ACCOMPANY ENTRY FORM

Please make checks or money order payable to: NYDF, 120 Oceana Dr West #5B, Brooklyn NY 11235
Phone/Text: 347-657-NYDF (347-657-6933) Fax: 646-661-3358