

2017 AMERICAN BALLET COMPETITION

ENSEMBLE REGISTRATION (2) FORMS - Page 1

Please type information.

Fill out both forms:

1. Ensemble registration form
2. List of participating dancers

Register by March 1 and take \$25 off total fees

REGISTRATION DEADLINE - MAY 10, 2017
E-mail Completed Forms to: idea.abc@gmail.com
 Mailing: American Ballet Competition
 Call or Email ABC for mailing address

ENSEMBLE INFORMATION - PLEASE TYPE IN

School Name: _____	School E-Mail: _____
School Director: _____	Director's E-Mail: _____
School Address: _____	Phone: _____
City: _____ State: _____	Postal Code: _____ Country: _____
Dance Title: _____	Teacher/Coach: _____
Choreographer: _____	Music By: _____
Number of Dancers: _____	Music Length (in minutes): _____

Average age of dancers will determine performance division:

AVERAGE AGE: _____ = DIVISION: I II III
(age 9-11) (age 12-14) (age 15-20)

FEES **Ensemble Entrance Fee: \$85.00**

Number of Dancers: _____ x \$40 = \$ _____

Pas de Deux: _____ 2 x \$60 = \$ _____

Total for master classes (those not in Ballet):

 Wednesday: _____ # dancers x \$30 = \$ _____

 Thursday: _____ # dancers x \$30 = \$ _____

 Friday: _____ # dancers x \$30 = \$ _____

 Saturday: _____ # dancers x \$30 = \$ _____

Note: Payment for master classes here is ONLY for those NOT participating in Ballet and/or Contemporary solo categories - classes are included in those categories.

3-Day Audit Pass \$65 x # _____ = \$ _____

\$25 Discount off total Ensemble fees if registered & paid by March 15 - \$ _____

Indicate Payment via: _____ **TOTAL \$** _____
(PayPal, Check, Money Order, Western Union or Direct ABC Bank Deposit)

Competition tickets may be purchased at check-in or theater door.
 \$8/day or \$20/3 day pass - children 12 and younger \$3/day.
 Contestants receive (1) 3-day complimentary pass for Competitions.

3-DAY CLASS AUDIT PASS

One complimentary Class Audit pass for
 Director or Teacher
 representing participating school.

Teachers & Parents of competitors
 who wish to observe all master classes - **\$65**

Outside dance teachers who wish to audit
 ABC Master Classes and view all competition events
 may purchase 3-Day Audit Passes at check-in times
 or e-mailing this form to: idea.abc@gmail.com

Names for Audit Pass:

Director: _____

Other: _____

Other: _____

Other: _____

I have read and agree to abide by the American Ballet Competition rules and regulations as posted on ABC website.

**Signature of Parent, School Director or
 Competitor 18 or over**

For ABC Use

2017 ENSEMBLE REGISTRATION - Page 2

DANCE TITLE: _____ **Choreographer:** _____

LIST OF DANCERS - PLEASE TYPE IN

Email this form to ABC along with the Ensemble Registration page.
If more than ten (10) dancers in ensemble then copy this page.

For Master Classes indicate contestants who are not registering for ballet/contemporary categories but would like to add class(es).
If YES, select day(s) taking class and add \$30 per student per class. **Age as of June 1, 2017.**

1. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

2. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

3. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

4. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

5. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

6. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

7. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

8. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

9. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat

10. Name: _____ **Age:** _____ **D.O.B.:** _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Master Class: Wed Thur Fri Sat