

2020 AMERICAN BALLET/CONTEMPORARY SOLO REGISTRATION FORM

AMERICAN BALLET COMPETITION – JUNE 3-6, 2020

This is a fillable form – please type in all information

One form per contestant entry.

REGISTRATION DEADLINE – APRIL 20, 2020

E-mail Completed Forms to:

americanballetcompetition@gmail.com

PO Box 7 Bountiful, UT 84011-0007 USA

COMPETITOR INFORMATION – PLEASE TYPE IN

Participant Name: _____ Age (As of 6/1/20): _____ Birthdate: _____ Gender: _____
 School: _____ Director: _____
 Teacher/Coach: _____ School E-Mail: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____

DIVISION I (Ages 9-12)

Classical Ballet Variation (age 9 one solo only) _____ (Ages 10 & 12 second solo if elected) _____

Contemporary Solo (Ages 10 & 12 one solo only) _____ Choreographer _____

DIVISION II (Ages 13-15)

DIVISION III (Ages 16-20)

Classical Ballet Variation – Round 1 (Black Leotard) _____

Classical Ballet Variation – Round 2 (In Costume) _____

Add'l Classical Variation (if elected, performed 2nd) _____

Contemporary Solo (performed 1st) _____ Choreographer _____

Add'l Contemporary Solo (if elected, performed 2nd) _____ Choreographer _____

IMPORTANT CONTACT INFORMATION

Parent's Name: _____ E-Mail: _____ Mobile: _____

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

FEES: Enter division and add any elective solos

Division I	- \$250	\$ _____
Division II	- \$315	\$ _____
Division III	- \$315	\$ _____

Additional Ballet Solo	- \$90	\$ _____
Add'l Contemporary Solo	- \$90	\$ _____
Add'l 2 nd Contemporary Solo	- \$90	\$ _____
Contemporary Solo Only	- \$315 (not in ballet)	\$ _____

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

\$25 discount if registered by March 1st \$ _____

Indicate Payment Method: _____ **TOTAL \$ _____**

(Check, Money Order, Western Union, Credit Card)
 CC# _____ Exp _____ CVP _____ Zip Code _____

Competition Tickets may be purchased at check-in or theater door.
 \$10/day – children 12 and younger \$5/day.

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-mail this form to: abcmason@gmail.com

Names for Audit Pass: _____
 Director: _____
 Other: _____
 Other: _____

I have read and agree to abide by ABC rules and regulations as posted on ABC's website.

Signature of Parent, School Director or Competitor 18 or over