



## FORMATION EXHIBITION FORM

Routines are limited to four (3) minutes . Music must be on a USB, labeled with the group name & the name of the routine, and delivered to the Music Director at least 30 minutes prior to scheduled start time. (One formation per page)

Name of Routine \_\_\_\_\_

Studio/School Represented \_\_\_\_\_

Team Director \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

	Name		Name
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	

**\*\* Fees are per dancer/per formation and include competitor admission to the ballroom for entered events.**

# \_\_\_\_\_ @20.00                      =                      \$ \_\_\_\_\_ Total

Please send completed Entry, Accounting, and signed Release with Check/MO Payment to ADC, P.O. Box 19097, Towson, MD 21284.

PHONE: 410-326-5156 or 443-838-1024, FAX: 305-851-0312, EMAIL: atlanticdancesportchallenge@gmail.com.

Entries will NOT be Processed Without Payment. Please include current NDCA number, as proof of membership will be required to participate. For more information on ADC policies, See Rules & Regulations.