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.