



# PROFESSIONAL Entry Form

**ENTRY DEADLINE: April 18, 2024**

Leader: \_\_\_\_\_  MALE  FEMALE NDCA#: \_\_\_\_\_

Follower: \_\_\_\_\_  MALE  FEMALE NDCA#: \_\_\_\_\_

Studio: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Division	American Smooth	American Rhythm	International Standard	International Latin	Cabaret
Rising Star	<input type="checkbox"/> W T FT VW	<input type="checkbox"/> CC R SW B M	<input type="checkbox"/> W T VW FT QS	<input type="checkbox"/> CC S R PD J	<input type="checkbox"/>
Open	<input type="checkbox"/> W T FT VW	<input type="checkbox"/> CC R SW B M	<input type="checkbox"/> W T VW FT QS	<input type="checkbox"/> CC S R PD J	

RISING STAR \$100 X \_\_\_\_\_ = \_\_\_\_\_

OPEN \$120 X \_\_\_\_\_ = \_\_\_\_\_

CABARET / THEATRE ARTS \$120 x \_\_\_\_\_ = \_\_\_\_\_

TOTAL = \_\_\_\_\_

## PAYMENT

*Payment must be submitted with the Entry Form for the entries to be processed.*

ZELLE from \_\_\_\_\_

Send ZELLE to [legacydancefestival@gmail.com](mailto:legacydancefestival@gmail.com)

CHECK # \_\_\_\_\_

Make Checks payable to **Legacy Dance Festival** | Mail to: Legacy Dance Festival, 5780 East Woodman Rd, Suite 100, Colorado Springs, CO 80920

CREDIT CARD

Name on Card \_\_\_\_\_

(Circle one)

MasterCard AMEX Visa

Number \_\_\_\_\_

Signature \_\_\_\_\_

Exp \_\_\_\_\_ CWV \_\_\_\_\_ Zip Code \_\_\_\_\_

4% CC fee applies to all transactions