

LIVE IMPACT DANCE CHALLENGE

A SUBSIDIARY COMPANY OF Friends and Co. Dance intensive LLC
P.O. BOX 220 New York, NY 10116 646-325-4558

COMPETITION ENTRY FORM

Studio Name _____ Address _____

Choose one: Name of Studio owner/director _____ Parent _____ Student 18+ _____

Phone # _____ Secondary Phone # _____ Email _____

Parent(s)/Guardian Name: _____ Relationship to student: _____

Submit this form to register, with CHECK, CREDIT CARD or online proof of payment through PAYPAL or CHASE
quick pay questions contact: charis@friendsandcodance.com or CALL/text 646-325-4558

ROUTINE TITLE _____ CHOREOGRAPHER'S NAME _____

Performance Division (check one) AGE DIVISION (check one)

Solos - Juniors ages 8-12 _____ Seniors 13+ _____ Duos/trios –Junior ages 8-12 _____ Senior 13+ _____

Ballet ___ Jazz ___ Tap ___ Contemp. ___ Lyrical ___ Musical Theatre ___ Voice ___ Theater monologue ___ Open ___

SOLOS \$55.00 x # of dancers _____ = total SOLOS _____
DUO / TRIOS \$60.00 x # of dancers _____ = total DUO / TRIOS _____
Most Versatile (3 solos required) check _____ TOTAL COMPETITION FEES = _____

Please print each performers name (preferably alphabetical order)

Name: _____ Age by Aug. 12th _____ Date of birth: ___/___/___

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***Please be prepared to show a copy of birth certificate in case of discrepancy. Photo Copy form for each entry**

FRIENDS & CO./LIVE IMPACT DANCE CHALLENGE employs thoroughly trained JUDGES for each competition. The utmost care will be given to all students. However, FRIENDS & CO./LIVE IMPACT **will not be responsible for loss or injury to any student. My child is in excellent physical health and physically able to attend FRIENDS & CO. programs.** Photography and Media: Friends and Co. reserves the right to include photos/videos of FRIENDS & CO's competitions/events. In signing this form, I give permission for an indefinite period of time for my child, (myself if over 18), to be photographed, filmed, and/or interviewed in a FRIENDS & CO's / LIVE IMPACT supervised environment for the sole purpose of promotions for FRIENDS & CO./ LIVE IMPACT program and events.

Please pay all entries at one time. Name on Credit Card

_____ Card# _____ #exp _____

Billing Address _____ Amount Due: _____ Prepaid online (copy attached): _____ Check# _____

I have read, understand, and agree to the above statements. X _____/_____/____

NO refunds. Credits may be applied to additional programs per Director's approval. In the unlikely event intensive / competition and or other programs are cancelled by FCO/LIDC, full refunds will be granted within 4 weeks of cancellation. You may send via email/text/fax a picture of your registration form to secure registration.