



2017 REGISTRATION FORM

National
Dance Team
Championship
March 25, 2017
San Antonio, Texas

TEAM NAME: _____ TEAM COLORS: _____

SCHOOL/STUDIO NAME: _____
Address: _____
City, State, Zip: _____
Day Phone: _____ Fax Phone: _____
Conference Times: _____ Members on Team: _____ # of Spectators (Estimate): _____

DIVISION: Divisions available at each contest site are based on registration and are at the discretion of the management!
 Middle School/Jr. High School Pep/JV Varsity Pre-K/Kinder 1-3rd Grade 4-6th Grade 7-9th Grade 10-12th

DIRECTOR'S NAME: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____ Email Address: _____

ASST. DIR. NAME: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____ Email Address: _____

TEAM ROUTINES: Total # of routines _____ X \$325.00 = \$ _____
 Jazz Prop Novelty Modern Pom Kick Lyrical Contemporary Military Hip Hop/Funk Open (+\$30)

PRODUCTION ROUTINES: Total # of routines _____ X \$340.00 = \$ _____

OFFICER ROUTINES: Total # of routines _____ X \$235.00 = \$ _____
 Jazz Prop Novelty Modern Pom Kick Lyrical Contemporary Military Hip Hop/Funk Open (+\$20)

SELECT COMPANY ROUTINES: Total # of routines _____ X \$210.00 = \$ _____
 Jazz Prop Novelty Modern Pom Kick Lyrical Contemporary Military Hip Hop/Funk Open (+\$20)

ENSEMBLE ROUTINES:
Total # of Small Ensembles (4-6) _____ X \$185.00 = \$ _____
Total # of Med Ensembles (7-10) _____ X \$200.00 = \$ _____
Total # of Large Ensembles (11-15) _____ X \$225.00 = \$ _____
Total # of Large Ensembles (16+) _____ X \$230.00 = \$ _____

***Please number or name each ensemble and list the participant's names and song title on the attached form.

TRIO ROUTINES: Total # of routines _____ X \$165.00 = \$ _____
DUET ROUTINES: Total # of routines _____ X \$165.00 = \$ _____
SOLO ROUTINES: Total # of routines _____ X \$105.00 = \$ _____
INDEPENDENT REGISTRATION FEE: Total # of routines _____ X \$ 30.00 = \$ _____

***Add \$30. per routine if you are not registering with a team or studio.
***Please list each soloist's name, grade level and song title on the attached form.

Please Fax Completed Registration Form To: 210-340-2315

Payments may be sent to:
HTEDance, Attn: Irene Amaro
P. O. Box 461368 San Antonio, Texas 78246

GRAND TOTAL DUE: \$ _____



REGISTRATION FORM
Soloists

**Copy this form as many times as necessary. Please print legibly.*

SCHOOL NAME: _____

DIRECTOR NAME: _____

| | Soloist's Name | Grade Level | Song Title | |
|--|----------------|-------------|------------|--|
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REGISTRATION FORM
Duet Ensembles

**Copy this form as many times as necessary. Please print legibly.*

SCHOOL NAME: _____

DIRECTOR NAME: _____

| | Duet Ensemble Name | Participant Names | Song Title | |
|--|--------------------|-------------------|------------|--|
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REGISTRATION FORM

Trio Ensembles

**Copy this form as many times as necessary. Please print legibly.*

SCHOOL NAME: _____

DIRECTOR NAME: _____

| | Trio Ensemble Name | Participant Names | Song Title | |
|--|--------------------|-------------------|------------|--|
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REGISTRATION FORM
Small Ensembles

**Copy this form as many times as necessary. Please print legibly.*

SCHOOL NAME: _____

DIRECTOR NAME: _____

| | Small Ensemble Name | Participant Names | Song Title | |
|--|---------------------|-------------------|------------|--|
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REGISTRATION FORM

Large Ensembles

**Copy this form as many times as necessary. Please print legibly.*

SCHOOL NAME: _____

DIRECTOR NAME: _____

| | Large Ensemble Name | Participant Names | Song Title | |
|--|---------------------|-------------------|------------|--|
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