

# Alternative Dances

## Entry Form

Tel. (941) 799-0800 Fax. (941) 556-9077 Email: [thesouthopen@gmail.com](mailto:thesouthopen@gmail.com)



**Teacher/Choreographer - Name**

**Student (Male) - Name**

**Student (Female) - Name**

**Age Categories (please circle):**

TB (Under 7) JNR1 (8-9) JNR2 (10-11) TN1 (12-13) TN2 (14-15) SNR (16-19) OPN [20+]

**Studio** \_\_\_\_\_

**Street** \_\_\_\_\_

**City / State** \_\_\_\_\_

**Cellphone / Work Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_

Type	# of Dancers/ Names	Dance	Level (please circle)	Routine Title /Song/Time
Solo			BEG. INT. PRE-PROFESSIONAL	
Duo			BEG. INT. PRE-PROFESSIONAL	
Trio			BEG. INT. PRE-PROFESSIONAL	
Group			BEG. INT. PRE-PROFESSIONAL	
Formation			BEG. INT. PRE-PROFESSIONAL	
Large Group			BEG. INT. PRE-PROFESSIONAL	
Production			BEG. INT. PRE-PROFESSIONAL	
Formation 2			BEG. INT. PRE-PROFESSIONAL	

**Top awards will be presented on Saturday**  
**Students will receive scores and comments**