

Male: _____ Female: _____
PRO NDCA #: _____ PRO NDCA #: _____
Studio Name: _____
Address: _____
City, ST, Zip: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

Open Professional Dance Events

Please check event

_____ Open **American Smooth 4-Dance**
(W, T, FT, VW)

_____ Open **American Rhythm 5-Dance**
(CC, R, SW, BO, MA)

_____ Open **International Ballroom 5-Dance**
(W, T, VW, FT, Q)

_____ Open **International Latin 5-Dance**
(CC, S, R, PD, J)

LATE REGISTRATION FEE(S)	\$ _____
TOTAL PAYMENT	\$ _____

Entry fee of \$95 per entry for Open divisions. Please make check payable to: **Washington Open DanceSport**. All finalists will be required to do a 30 second dance on with spot light and house lights off to create a great production for video. Prizes may be reduced at organizer's discretion based on number of competitors in each event.

Signature:

Signature:

Upon signing this form you are subject to all Rules & Regulations of Washington Open DanceSport (see separate sheet). Signatures are required for participation in these events.

Make all Checks to **Washington Open DanceSport** • Mail to: **P.O. Box 27, Merrifield, VA 22116**

Phones: (770) 403-6565, (703) 201-8055 **Fax:** (404) 254-1073 **Email:** registrar@washopen.com **Web:** washopen.com