



AMATEUR AMERICAN STYLE

Please use this form for same-sex entries

MARCH 10TH, 2018

CENTRE DES LOISIRS VILLE ST-LAURENT
1375, RUE GRENET, VILLE ST-LAURENT H4L 5K3

INSCRIPTION

Deadline February 24th, 2018

No inscription by phone

TICKET

Juvenile & Junior 20 \$
Adult 40 \$

	INV. C	Beginner		Preliminary		Intermediate		Bronze		Silver		Gold		Open	
		WF	CSw	WF	CRSw	WTF	CRSSw	WTF	CRSSw	WTF	CRSSw	WTF	CRSSw	WTF	CRSSw
Juvenile (0-11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior (12-16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult (30-39)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult (40+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult (50+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHAMPIONSHIPS ALL AGE

ALL LEVEL CHAMPIONSHIP	
Valse lente	<input type="checkbox"/>
Cha-Cha	<input type="checkbox"/>
Merengue	<input type="checkbox"/>
Valse viennoise	<input type="checkbox"/>
Quickstep	<input type="checkbox"/>

CHAMPIONSHIP INVITATION	
Triple Swing	<input type="checkbox"/>

BRONZE AND -	Foxtrot	<input type="checkbox"/>
	Triple Swing	<input type="checkbox"/>
SILVER	Tango	<input type="checkbox"/>
	Samba	<input type="checkbox"/>
GOLD	Foxtrot	<input type="checkbox"/>
	Rumba	<input type="checkbox"/>

RESPONSIBILITY will not be accepted by the Organizer for LOSS or THEFT of articles left in changing rooms or ballroom. Neither will the Organizer be held liable for injuries sustained by persons attending DANSE ELITE.

Please mail to
Studio 2720
2720, des Ormeaux
Montréal (Québec)
H1L 4X7

Tel. : 514-354-2210
Fax : 514-354-2283
2720mtl@gmail.com

www.studio2720.ca
www.dansesportmontreal.com

Name :	Name :
Address :	
City :	
Postal code :	Tel. : E-Mail :
Signature :	

Categories Adult (competitors) / Couple _____ @ 15 \$* = _____ \$

When you register in 2 categories, the additional categories are free of charge.

Categories Junior (competitors) / Couple _____ @ 10 \$* = _____ \$

Admission Adult _____ @ 40 \$* = _____ \$

Admission Junior (15 and under) _____ @ 20 \$* = _____ \$

Total

*Taxes included

Pay by certified check, money order at Studio 2720 , or by credit card	Name on card	PLEASE CAPITAL LETTERS		Date
	Card #	Signature		
	Expiration Date	Postal Code/Zip		

➡ All participants in these competitions must be a member in good standing with the NDCC prior to the competition. Please enter your membership number. The organizer reserves the right to refuse a registration for which there is no registered member number.

AMATEUR REGISTRY

# Mr	# Mrs
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