AAIBP ENTRY FORM

HOST EVENT NAME:_____

Pro Am ☐ **Amateur** ☐

Instructor Name:

_____

_____

(Signature)

Amateur Lady Name:

_____

_____

(Signature)

Amateur Gentlemen Name:

_____

_____

(Signature)

CONTACT INFORMATION:

Address:_____

_____

Fax #: _____

Representing (as will appear in program)

_____

Country DANCES	NC CL	BZ 1 CL	BZ 2 CL	BZ ADV (Open)	NC SV CL	SV 1 CL	SV 2 CL	SV ADV (Open)	GLD CL	GLD ADV (Open)	TOTAL # ENTRIES
Two-Step											
Triple 2											
Polka											
Waltz											
Night Club 2											
ChaCha											
E.C. Swing											
W.C. Swing											
Freestyle TOTALS											

NOTE: Place number of times to dance (1, 2, 3 or 4) in box of selected dance/level.

***Please make checks payable to:** _____

Age Category (Must Select One)

JNR	YA	A	B	C	D
☐	☐	☐	☐	☐	☐
<17	18-35	36-53	54-64	65-75	>76

Judging Criteria (Must Select One)

Contested ☐ **Uncontested** ☐

AAIBP