

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)

Age Category (Must Select One)

JNR	YA	A	B	C	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<17	18-35	36-53	54-64	65-75	>76

INTERNATIONAL 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
INT'L STANDARD											
Waltz											
Foxtrot											
Tango											
Quickstep											
Viennese Waltz											
INT LATIN											
Cha Cha											
Rumba											
Samba											
Jive											
Paso Doble											
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:** _____

Judging Criteria (Must Select One)

Contested	Uncontested
<input type="checkbox"/>	<input type="checkbox"/>

