



# WEST COAST AAU JUNIOR OLYMPIC GAMES EPIC DANCE GALA

## PERFORMANCE REGISTRATION

2020

STUDIO:

CONTACT:

PHONE:

DATE:

EMAIL:

### SOLO ~ FORMATION ~ SHOWDANCE ~ GROUP

\*Please use one form for each performance. \* List of Team Members Below with Current AAU # is required.

CHOOSE :  SOLO  FORMATION  SHOWDANCE  SMALL GROUP (4-10)  LARGE GROUP (11+)

TEAM NAME:

Enter Age: YOUNGEST \_\_\_ TO OLDEST \_\_\_

LENGTH OF MUSIC (MAX 3 MIN): # MINUTES

Note: This must include enter and exit time.

DANCE STYLE BEING PERFORMED:

NAME OF SONG:

COMPETITOR?  YES  NO REGISTRATION PAID?  YES  NO [Office Verified:  YES  NO]

GUEST PERFORMER ONLY \* REGISTRATION FEE NOT REQUIRED

\* AAU MEMBERSHIP REQUIRED WITH THIS FORM visit: [aasports.org](http://aasports.org)

Return Completed Form to: [Entries@JACMProductions.com](mailto:Entries@JACMProductions.com)

EMAIL: MUSIC in MP3 format to [ENTRIES@JACMProductions.com](mailto:ENTRIES@JACMProductions.com).

BRING back-up FlashDrive in mp3 format

(Title all files with: 1. Title of Routine 2. Song Name 3. Style (examples: " MY TEAM -Sound of Music -FOXTROT ")

COSTUMES WILL BE INVIGILATED PRIOR TO PERFORMANCE AND MUST BE AGE APPROPRIATE AND SUITABLE FOR FAMILY VIEWING

EMAIL PICTURES OF COSTUMES ON ATHLETES \* DANCE PANTS OR OPAQUE TIGHTS MUST BE WORN UNDER SKIRTS OR DRESSES

### TEAM ROSTER

GENT or LADY?	LAST NAME:	FIRST NAME:	(CONSENT SIGNED ? <input checked="" type="checkbox"/> <input type="checkbox"/> )	AGE	AAU MEMBERSHIP #
1 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
2 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
3 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
4 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
5 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
6 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
7 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
8 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
9 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
10 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
11 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
12 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
13 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
14 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
15 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
16 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
17 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #
18 <input type="checkbox"/> GENT <input type="checkbox"/> LADY			<input type="checkbox"/>	AGE:	AAU #

GENERAL RELEASE AND CONSENT FORMS FOR ALL ATHLETES MUST ACCOMPANY THIS ENTRY FORM.

\*AAU MEMBERSHIP REQUIRED



[JOURNEYDANCESPORT.COM](http://JOURNEYDANCESPORT.COM) TEXT (951) 526-5255 [JOURNEY@JACMPRODUCTIONS.COM](mailto:JOURNEY@JACMPRODUCTIONS.COM)

Duplicate this form if needed for additional athletes.