# **TEAM REGISTRATION CONTINUED**

We do our best to have you judged fairly, but we are limited to the information you provide. Please be fair and honest in the ability level placement

#### Points are deducted for teams entered in the wrong division.

# Teams are judged according to

**1 AGE:** average age of <u>all dancers</u> in the routine. For average age, add age of everyone in the routine then divide that total by the number of participants.

#### **2** ABILITY LEVEL:

- *N* **= Novice:** 1<sup>st</sup> year competing, little experience
- B = Beginning: single turns, splits, basic leaps & jumps
- I = Intermediate: double turns, side/back leaps, attempting more challenging skills
- A = Advanced: triple turns or more, challenging skills executed with good proper technique
- P = Professional: anyone is welcome to enter. If an instructor is dancing with the team, this is the appropriate category

# 3. STYLE OF ROUTINE

Jazz, Lyrical, Ballet, Hip-Hop, Contemporary, Modern, Tap, Clog, Cheer, Novelty, Prop, Musical Theater, Military, Production, etc.

### 4. TM SELECT

In order to have routines compete in the **TM Select** division, studios must have at least three routines competing in Technical Moves. Studios may enter their top two routines in **Advanced** or **Intermediate** levels, but only one routine per team is permitted. **Cash prizes** will be awarded to the  $1^{st}$  and  $2^{nd}$  place division winners.

Special Requests: (i.e.: which dances need time between them for costume changes)

22<sup>nd</sup> Annual



Dance and Cheer Stage Competition! and Master Classes

> March 3, 2018 TEAM REGISTRATION FORM

| Studio / School name:           |                          |                  |  |  |  |  |
|---------------------------------|--------------------------|------------------|--|--|--|--|
| Studio / School telephone: (    | )                        |                  |  |  |  |  |
| e-mail address:                 |                          |                  |  |  |  |  |
| Mailing Address:                |                          |                  |  |  |  |  |
| City:                           | State:                   | Zip:             |  |  |  |  |
| Director's Name:                |                          |                  |  |  |  |  |
| Director's Phone: ( )           | Director's T-shirt size: |                  |  |  |  |  |
| Additional Instructors names: r | name badges are require  | d for admittance |  |  |  |  |

All entries must be postmarked by February 1, 2018 to avoid late fees. *Mail check & registration form (complete both sides) to:* Lori W. Allred / Technical Moves 3016 Boulder Creek Lane Idaho Falls, ID 83406

e-mail questions and team photographs to technicalmovescompetition@gmail.com

Directors and Instructors only please. Do NOT include parents or other helpers. Please complete both sides of this form.

# Team Registration

COMPLETE BOTH SIDES OF THIS FORM. AVERAGE AGE, ABILITY LEVEL, and STYLE OF ROUTINE are explained on back of form. We do our best to have your team judged fair, but are limited to the information you provide. Please be fair and honest in placement of your teams. Points are deducted for teams in wrong division.

| Group name for program   | Name of Routine  | Age  | Ability                                  | Sty                             | le  | Time  | # in Routine  | \$14 / Participant            |
|--|--|--|--|---------------------------------|---|---|---|-------------------------------|
|  |  |  |  |                                 |   |   | ž   | X 14 = \$                     |
| Choreographer for above dance:   |  |  | TM                                       | Select:                         | 🗖 Yes                                       | 🗖 No  |   |                               |
|  |  |  |  |                                 |   |   |   | X 14 = \$                     |
| Choreographer for above dance:   |  |  | TM                                       | Select:                         | Yes   | No  |   |                               |
|  |  |  |  |                                 |   |   |   | X 14 = \$                     |
| Choreographer for above dance:   |  |  | ١м                                       |                                 | 🗖 Yes                                       | □ No  |   |                               |
|  |  |  | <br>TM                                   | <br>Select:                     |   | □ No  |   | X 14 = \$                     |
|  |  |  |  | Sciecti                         |   |   |   |                               |
| Choreographer for above dance:   |  |  | TM                                       | Select:                         | ☐ Yes                                       | □ No  |   | X 14 = \$                     |
| For ad   | lditional entries, please copy this forr   | m as needed                                    | •  |                                 | ]   | Total   | Team Fees   | \$                            |
| Tota<br>Late   | otal # of dancers registering for ou<br>II # of Additional Team photograph<br>fee is \$50 if postmarked after Feb<br>Total amount enclosed for solos, d<br>IT: subtract \$25 if all forms and pa | ns emailed f<br>pruary 2, 20<br>luets, trios 8 | or the prog<br>18. NO ent<br>& photogeni | ram—th<br>ries will<br>ic conte | ne first or<br>be accep<br>stants <b>be</b> | ne is free!<br>oted after Fe<br><b>eing paid fo</b> | x \$10.<br>ebruary 15, 201<br>r with team fea<br>Sub Tota | <sup>00</sup> = \$<br>.8 = \$ |
| Rememb   | per to complete BOTH sides of this j   | form for Te                                    | chnical Mov                              | ves.                            |   |   |   | <b>)</b> \$                   |
| Credit Card and Debit Card<br>*A 3% transaction fee will be added to the | Information*: MC Visa  | Disc 🗌   |  |                                 |   |   |   |                               |
| Number:  | E>   | xpiration Da                                   | ite                                      |                                 | Code  | e   |   |                               |
| Cardholder name:<br>Address:   |  | nature:  |  |                                 |   |   |   | number<br>testants            |