

Phone +1 917 310-5719 | Fax +1 267 381 5410 | www.DanceLegends.com

Stars of Pro-Am Entry Form

1. Event Information

- Saturday, April 9, 2016, 1pm 4pm
 - o Doors to the ballroom open at 12:30 pm
 - o Performers must be ready to dance 30 minutes before their assigned show time
- Location: Hammerstein Ballroom, 311 West 34th Street, New York, NY 10001
- Full cash bar (alcoholic & soft drinks) will be available for purchase

2. Included with Registration

- Showcase in historic opera house on the stage where Legends perform in the evening
- Professional sound & professional lights (spotlights and color floodlights)
- Written feedback on your show by Legends
- 2 General Admission tickets for the Student & Teacher performers
- 3 General Admission tickets for the Stars of Pro-Am session
- Stars of Pro-Am commemorative trophy
- Free professional video of your performance

Registration Type	Deadline	Cost
Early	Before December 31, 2015	\$800
Regular	Before March 1, 2016	\$1000
Late	After March 1, 2016	\$1200

3. Requirements

- Entries are on a first-come, first-served basis
- Entries are <u>not</u> guaranteed until registration is paid in full
- Maximum showcase length is 3 minutes including entrances, exits, and bows
- All entries and required materials (including music) are due no later than March 1, 2016
- Order of the dances will be decided by Dance Legends to create the best show experience

4. <u>Contact Information</u>

Name:	Studio:
Email:	Phone:
Address:	
<i>Teacher</i> Name:	Studio:
Email:	Phone:
Address:	

5. Showcase Information					
Style* (e.g. Standard):		Dance (e.g. Cha	a Cha):		
* Required at time of registration			,		
Name of Showcase:		Name of Song:			
Floor Lighting Color (circle one):	Blue	Green	Red	Purple	
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Would you like to be placed on the waitlist to perform a 2nd dance? Yes No

6. Tickets

Please indicate the number of seats you would like to purchase.

Ticket type	Price	x Quantit	y Subtotal
Dance Legends (Friday, April 8 at	7:30pm and	Saturday, A	pril 9 at 7:30pm)
Orchestra Row F & Up	\$300	х	\$
Orchestra Row D & E	\$500	Х	\$
Orchestra Row B & C	\$1,000	Х	\$
Orchestra Front Row (VIP)	\$2,000	х	\$
Additional Stars of Pro-Am Ticket	ts (Saturday,	April 9 at 1p	om)
General Admission	\$50	x	\$
		Total	\$

7. Consents and Waivers

____ & ______ hereby agree to the following:

1. I understand there will be professional photographers and videographers present and give my consent to be photographed and/or videotaped. I grant permission to Dance Legends LLC to use any photos or video obtained during Stars of Pro-Am and/or Dance Legends 2016 for publicity or any other business-related purpose and I relinguish any rights to proceeds or royalties from the sales of any media or merchandise.

- 2. I represent and warrant I am able to enter into and be bound by the terms of this agreement and understand the risks and dangers (including, but not limited to, injury and death) inherent in my participation in this event and hereby indemnify and hold harmless Dance Legends LLC, its successors, heirs, officers, executives, licensees and assigns from and against any and all claims, damages and liabilities arising out of my participation in the Stars of Pro-Am and Dance Legends 2016 and from any breach of my representations, warranties and obligations hereunder.
- 3. Registration is a revocable license to the registrants only and may be revoked at any time for any reason. Management is not responsible for articles lost, misplaced, or stolen at the event. Time, date, and location of event are subject to change.
- 4. In the event that Dance Legends LLC is unable to fulfill its obligation due to damage or destruction of the venue by fire, civil tumult, strike, epidemic, or any other unforeseen occurrence or act of God rendering any part of the Stars of Pro-Am and/or Dance Legends 2016 impossible, neither Dance Legends LLC nor I shall be held legally responsible for any damages arising from cancellation.
- 5. I understand that any funds paid in connection with my registration are non-refundable and I may not cancel my registration at any time for any reason.

Student

Teacher

Name (please print)	Name (please print)
Signature	Signature
Date	Date