

### The American Lindy Hop Championships Competition Entry Form

Please print legibly.

Please read the following waiver carefully. No application will be accepted without the signature of all competitors. An additional form is provided for entries with more than two participants. Please note: Weekend passes are not refundable. After the entry deadline entry fees are not refundable except when divisions are canceled.

#### WAIVER

I understand that Artspectrum/The American Lindy Hop Championships (ALHC) intends to record my participation in the events/competitions on videotape, film, online and in photographs. I expressly grant ALHC the unlimited right and authority to use any such recording in any and all media by whatever ways or means with no obligation to me. Such recordings are the sole property of ALHC. On behalf of my heirs, I agree to forego, and expressly waive and release any and all rights for damages that I or my heirs might have against ALHC or its agents for any and all injuries and damages I might suffer by participating in the contest or in traveling to and from its location.

I have read all the rules contained in this application and the above waiver, fully understand them, and agree to comply with their contents.

Signature Dancer 1 \_\_\_\_\_ Signature Dancer 2 \_\_\_\_\_

Date signed \_\_\_\_\_ Date signed \_\_\_\_\_

I purchased my weekend pass(es) through studio club mailing email \_\_\_\_\_  
Name of your studio or club

I purchased my weekend pass online (Online Order # \_\_\_\_\_); or,

Please send me \_\_\_\_\_ weekend pass(es) at \$ \_\_\_\_\_ per pass. (Note: Call or check website for prices.)

Entry Fee total \_\_\_\_\_ (Couples' divisions \$60/cpl.: Cabaret solo/duo \$60, 3-4 \$90, group \$150; Team \$150; Solo Charleston \$30 each)

Enclosed find my check/money order for \$ \_\_\_\_\_. Please charge my credit card. Discover Visa MasterCard  
CC# \_\_\_\_\_ exp. date \_\_\_\_/\_\_\_\_ PIN \_\_\_\_\_ (found on back of card)

\*Print name as it appears on your card. \_\_\_\_\_

Billing Address \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Mark the divisions you wish to enter:  Adv. J&J  American Showcase  Team  Cabaret  Classic  
 Strictly Balboa  Champions' Balboa  Junior (no charge)  Masters  Open Showcase  Open J&J  
 Blues  Pro/Am Leader  Pro/Am Follower  Strictly Lindy  Cats' Corner  Tap

Then fill out the following:

Dancer 1
Name _____ Now below write your name phonetically or use rhyming words.
_____
Social Security number _____ - _____ - _____
Address _____
City _____ State/Province _____
Country _____ Postal Code _____
Home phone with area code _____
Mobile phone with area code _____
Email _____
Junior's Age _____ Parent's name _____
Parent's contact information _____
Print name exactly how you want it listed in print. _____

Dancer 2
Name _____ Now below write your name phonetically or use rhyming words.
_____
Social Security number _____ - _____ - _____
Address _____
City _____ State/Province _____
Country _____ Postal Code _____
Home phone with area code _____
Mobile phone with area code _____
Email _____
Junior's Age _____ Parent's name _____
Parent's contact information _____
Print name exactly how you want it listed in print. _____

Group entries must complete the above information for all contestants on the separate **Additional Contestants Form**.

### AMERICAN LINDY HOP CHAMPIONSHIPS ADDITIONAL CONTESTANTS FORM

Please **PRINT** all applicable information. The cutoff date for receipt of your application is based on the date of final receipt of all necessary information. Group entries must include information on the additional contestants and provide their signatures below. You may photocopy this form as needed to complete your group entry.

Please indicate which Division(s) you wish to enter:  Cabaret  Team

In the event that your team or group places in one of the above divisions to who do you want your check be issued?

#### WAIVER

I understand that Artspectrum/The American Lindy Hop Championships (ALHC) intends to record my participation in the events/competitions on videotape, film, online and in photographs. I expressly grant ALHC the unlimited right and authority to use any such recording in any and all media by whatever ways or means with no obligation to me. Such recordings are the sole property of ALHC. On behalf of my heirs, I agree to forego, and expressly waive and release any and all rights for damages that I or my heirs might have against ALHC or its agents for any and all injuries and damages I might suffer by participating in the contest or in traveling to and from its location. I have read all the rules contained in this application and the above waiver, fully understand them, and agree to comply with their contents.

**Dancer 3 :** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dancer 4 :** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dancer 5 :** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dancer 6 :** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dancer 7:** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dancer 8:** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dancer 9 :** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dancer 10 :** Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_