

Sapphire Dancesport Championships

Professional Entry Form

Male: _____ Contact Number: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Studio: _____ NDCA # _____ SS# _____

Female: _____ Contact Number: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Studio: _____ NDCA # _____ SS# _____

Please indicate which events to be entered

Level	American Smooth	American Rhythm	International Standard	International Latin	Showdance
Open	Open Smooth W,T,F,VW	Open Rhythm C, R,SW,B,M	Open Standard W,T,FT,QS, VW	Open Latin C,R,S,PD,J	

ALL PERSONS ATTENDING THIS EVENT INCLUDING AS A SPECTATOR, COMPETITOR, OFFICIAL, STUDIO EMPLOYEE, OR GUESTS OF THE ORGANIZERS, SHALL BE BOUND BY THE NDCA RULES AND BY PARTICIPATING IN THIS EVENT, AUTOMATICALLY BECOME OBLIGED TO ADHERE TO THEM. THE ORGANIZERS OF THE SAPPHIRE DANCESPORT CHAMPIONSHIPS & THE HOTEL ACCEPT NO RESPONSIBILITY FOR ANY LOSS OR THEFT OF ARTICLES LEFT IN THE CHANGING ROOMS OR BALLROOM OR FOR ANY LOSS OR INJURY SUSTAINED BY PERSONS ATTENDING THIS EVENT. THE UNDERSIGNED HEREBY EXPRESSLY AND IRREVOCABLY WAIVES ANY CLAIM OR CLAIMS ARISING FROM ANY LOSS INCURRED AT THIS EVENT. YOUR SIGNATURE BELOW CONSTITUTES YOUR CONSENT, ACKNOWLEDGEMENT, AND UNDERSTANDING OF THIS WAIVER.

Both professionals must sign form in order to participate

Gentleman: _____

Lady: _____