



Dancetonians Dance Club Presents The 48th Annual Dance Fair: "A Fan-Tastic Dance!"



FORMATION EXHIBITION FORM

Limit: One per Studio (5 minutes maximum) Music will be faded when time limit is reached.

SUBMISSION DEADLINE: SATURDAY, April 25, 2020

Mail to: Linda Shapiro, 298 Vintage Place, Dayton, OH 45415-1247 (937) 832-1086

Studio Name: _____ (if applicable) Contact Person: _____

Phone: (____) _____ Fax: (____) _____ email: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE LIST ANY SPECIAL REQUESTS ON THIS FORM. NO SPECIAL REQUESTS WILL BE HONORED UNLESS LISTED HERE.

PLEASE PRINT LEGIBLY LISTING DANCE THAT WILL BE PERFORMED- THANK YOU

Exhibition Number	Rhythm or Latin	Smooth or Standard	Novelty	Theater Arts	Male *Professional* or Male Amateur's Names	Female *Professional* or Female Amateur's Names

NOTE: Please specify type of dance under style of dance; i.e., Cha Cha



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PROFESSIONAL EXHIBITION FORM

Limit: 5 minutes maximum per routine

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Studio Name: _____ (if applicable) Contact Person: _____

Phone: (____) _____ Fax: (____) _____ email: _____

Address: _____

City: _____ State: _____ Zip: _____

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PLEASE PRINT LEGIBLY LISTING DANCE THAT WILL BE PERFORMED – THANK YOU

Exhibition Number	Rhythm or Latin	Smooth or Standard	Novelty	Theater Arts	Professionals' Names
1					
2					
3					

NOTE: Please specify type of dance under style of dance; i.e. Cha Cha



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PRO/AM EXHIBITION FORM

Limit: One Pro/Am entry per Amateur

(2 1/2 minutes maximum per exhibition) Music will be faded when time limit is reached.

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Phone: (____) _____ Fax: (____) _____ email: _____

Address: _____

City: _____ State: _____ Zip: _____

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PLEASE PRINT LEGIBLY LISTING DANCE THAT WILL BE PERFORMED- THANK YOU

Exhibition Number	Rhythm or Latin	Smooth or Standard	Novelty	Theater Arts	Professional's Name	Amateur's Name
1						
2						
3						
4						
5						
6						

NOTE: Please specify type of dance under style of dance; i.e., Cha Cha



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AMATEUR COUPLE EXHIBITION FORM

Limit: One Am-Am entry per Amateur (2 1/2 minutes maximum) Music will be faded when time limit is reached.

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Studio Name: _____ (if applicable) Contact Person: _____

Phone: (____) _____ Fax: (____) _____ email: _____

Address: _____

City: _____ State: _____ Zip: _____

**PLEASE LIST ANY SPECIAL REQUESTS ON
THIS FORM. NO SPECIAL REQUESTS WILL
BE HONORED UNLESS LISTED HERE.**

PLEASE PRINT LEGIBLY LISTING DANCE THAT WILL BE PERFORMED- THANK YOU

Exhibition Number	Rhythm or Latin	Smooth or Standard	Novelty	Theater Arts	Male Amateur's Name	Female Amateur's Name
1						
2						
3						
4						
5						

NOTE: Please specify type of dance under style of dance; i.e., Cha Cha