

Professional Entry Form

Tel. (941) 799-0800 Fax. (941) 556-9077 Email: thesouthopen@gmail.com



Studio _____
Street _____
City / State _____
Cellphone / Work Telephone _____
Email _____

LEADERS'S INFORMATION

Name (Dance) _____
(Legal) _____
NDCA No. _____
(Substitute CDTA, etc. Where Applicable)
Address (Home) _____
Phone _____
Email _____
Social Sec. No. _____

FOLLOWER'S INFORMATION

Name (Dance) _____
(Legal) _____
NDCA No. _____
(Substitute CDTA, etc. Where Applicable)
Address (Home) _____
Phone _____
Email _____
Social Sec. No. _____

RISING STAR EVENTS

- ☐ Rising Star Smooth 4-Dance
Waltz, Tango, Foxtrot & Viennese Waltz
- ☐ Rising Star Rhythm 5-Dance
Cha-Cha, Rhumba, Swing, Bolero & Mambo
- ☐ Rising Star Int'l. Ballroom 5-Dance
Waltz, Tango, Viennese Waltz, Foxtrot & Quickstep
- ☐ Rising Star Int'l. Latin 5-Dance
Cha-Cha, Samba, Rumba, Paso Doble & Jive
- ☐ Rising Star Theatre Arts
Individual routines only.

OPEN EVENTS

- ☐ Open Smooth 4-Dance
Waltz, Tango, Foxtrot & Viennese Waltz
- ☐ Open Rhythm 5-Dance
Cha-Cha, Rhumba, Swing, Bolero & Mambo
- ☐ Open Int'l. Ballroom 5-Dance
Waltz, Tango, Viennese Waltz, Foxtrot & Quickstep
- ☐ Open Int'l. Latin 5-Dance
Cha-Cha, Samba, Rumba, Paso Doble & Jive
- ☐ Open Theatre Arts ☐ Open Showdance
Individual routines only.

Should participation in any event be two or less couples by DEADLINE, The Organizer reserves the right to cancel said event or pay half of advertised purses. Entry fee will be waived for professionals on a package. Room rate of \$285 (including tax) is only available when booked through organizer. Add \$24 per person per night for 3rd and 4th sharing room. Hotel sellout anticipated - book early. Member of a partnership not on package will pay 50% of entry fee. Entry fee includes admission to the ballroom for the sessions in which you are competing. Advance payment in *full* is required to secure reservation at the special rate. For other purchases, please use separate form. If faxing or emailing your entry form, please provide a credit card number for payment. Do not fax after Nov. 20th we will not receive it.

Arrival Date _____ Departure Date _____ Single ☐ Double ☐
Number of beds required (please circle): 1 2 Total # nights _____ x \$265 = \$ _____
Method of Payment (please circle): Check Money Order Visa Mastercard American Express Credit Card
Card Number _____ Expiration Date _____ Security Code _____
Name of Cardholder _____ Billing Address _____

RELEASE: The aforesigned, being fully cognizant of the risks inherent in ballroom dancing and exhibitions, shall hereby:

1. Assume all risks of bodily injury (including death) and property damage inherent in attending this event.
2. Release and hold harmless South Open Championships; and/or the National Dance Council of America, Inc. from all liability to me, my personal representatives, assigns, heirs, and next of kin, and against any claim or cause of action which I, or anyone claiming by, through or under me, may at any time have against those hereby released, arising out of bodily injury (including death) or damage, loss or theft of articles suffered by me while attending this event.
3. Consent to the use and release of his/her name and likeness to be used in photographs, television filming and recording of the event used in connection with the television broadcast, exhibition, distribution or promotion of the event in any manner and by and means, now or in the future, by South Open Championships and/ or its parent, related, affiliated or subsidiary companies; or the National Dance Council of America, Inc.*

* If any person has an objection to being video taped or the possibility of being seen on these tapes in any publicity trailers or other use of his or her picture, please notify the organizers of this event in writing 30 days prior to the commencement. Failure to notify will be considered as permission granted.

All persons attending this event shall be bound by the National Dance Council of America, Inc. rules, and by participating in this event, automatically become obligated to adhere to them. In the event of a dispute with the NDCA, its rules or decisions, I agree to follow all avenues of the appeal available to me within the council. If after all avenues of the appeal have been exhausted and the matter is still unresolved, I hereby agree to submit the dispute to arbitration by an outside arbiter provided by the American Arbitration Association, the site of any such arbitration shall be chosen by the NDCA.

Signature _____ Date _____ Email: thesouthopen@gmail.com Fax: 941-704-7613 Mail to: P.O. Box 1674 Sarasota, FL 34230-1674