

# BFABB-ULOUS

## DANCE EVENT

Closing Date: August 21, 2015

\* Mandatory fields

# DUO & TRIO ENTRY

PLEASE PRINT CLEARLY

*DANCER'S NAME	*DATE OF BIRTH	*Age as at Sept 21, 2015
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<b>CONTACT DETAILS FOR NOMINATED REPRESENTATIVE OF DUO   TRIO ENTRY</b>		
*CONTACT NAME	*HOME PHONE	*MOBILE ( Parent or Dancer)
*ADDRESS	*SUBURB	*POSTCODE
*EMAIL ADDRESS (Parent or Dancer)		
*STUDIO NAME	*TEACHER'S NAME	

**FREE PROGRAMME WILL BE AVAILABLE TO ALL ENTRANTS VIA DOWNLOAD LINK PRIOR TO THE EVENT. ENTRIES WILL ONLY BE VALIDATED ONCE FULL PAYMENT IS RECEIVED.**

Section Number	Section Age	Dance Category	Song Title (for programming purposes only)	Entry Cost
				\$15
				\$15
				\$15
				\$15
				\$15
				\$15

I hereby declare that I accept all **rules & conditions** as stated within the syllabus. I have attached a copy of birth certificates for this entry to be successfully processed.

Signature:

(Email entries without hand signature automatically declare that all rules & conditions are accepted as stated within the syllabus)

**PAYMENT TERMS ~ EFT or Cheque**



**Account Name** | BFABB-ULOUS Dance Event  
**BSB** | 032 379  
**Account** | 312 290  
**Reference** | Nominated Competitor's Name

**Email** | [bfabb-ulous@hotmail.com](mailto:bfabb-ulous@hotmail.com)

**Post** | BFABB-ULOUS Dance Event  
 c/- 18 Ellerston Crt, Wattle Grove NSW 2173

Sub Total \$

Admin **compulsory** unless **all** dancers entered as soloists & paid \$10

Donation \$

**Total** \$

Office Use Only Payment Type CHEQUE | EFT

Date Payment Received \_\_\_\_\_

Initials \_\_\_\_\_