

BFABB-ULOUS

DANCE EVENT

Closing Date: August 21, 2015

SOLO ENTRY

* Mandatory fields

PLEASE PRINT CLEARLY

*DANCER'S NAME	*DATE OF BIRTH	*Age as at Sept 21, 2015
*ADDRESS	*SUBURB	*POSTCODE
*PARENT CONTACT NAME	*HOME PHONE	*MOBILE (Parent or Dancer)
*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	Specially Restricted Restricted Open or Platinum Open	Dance Category	Song Title (for programming purposes only)	Entry Cost
					\$10
					\$10
					\$10
					\$10
					\$10
					\$10
					\$10
					\$10
					\$10
					\$10
					\$10
					\$10

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

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

Sub Total	\$
Admin (compulsory)	\$10
Donation	\$
Total	\$

Office Use Only Payment Type CHEQUE | EFT

Date Payment Received _____

Initials _____