

YAGP 2011 SEMI-FINALS REGISTRATION FORM

Please mail your SEMI-FINALS registration form to: YAGP, PO BOX 21129, Catonsville, MD 21228, or Fax to 410-869-4141. In order to compete, dancers must be registered for the Workshop. Complete a separate registration form for each entry. Duplicate this entry form as needed. Please use a separate sheet for additional names. All registrations must be received by the YAGP office no later than **30 days** before the competition date. Competition entries will be accepted on a first come, first served basis. Please do not finalize your travel arrangements before you receive a written confirmation from YAGP. **Please print clearly. YAGP is not responsible for any misspelling unless the application is submitted in typed form.**

LOCATION

- | | | |
|--|--|--|
| <input type="checkbox"/> Paris, FR – Nov. 11 – 13, 2011 | <input type="checkbox"/> Dallas, TX – Feb. 3 – 5, 2012 | <input type="checkbox"/> Torrington, CT – Mar 2 - 4, 2012 |
| <input type="checkbox"/> Chicago, IL – Jan. 6 – 8, 2012 | <input type="checkbox"/> Seattle, WA – Feb. 3 – 5, 2012 | <input type="checkbox"/> Indianapolis, IN – Mar 9 – 11, 2012 |
| <input type="checkbox"/> Philadelphia, PA - Jan 13 -15, 2012 | <input type="checkbox"/> Los Angeles, CA - Feb 10 - 12, 2012 | <input type="checkbox"/> Columbia, SC - Mar 9 - 11, 2012 |
| <input type="checkbox"/> Tampa, FL - Jan 20 - 22, 2012 | <input type="checkbox"/> Denver, CO – Feb 17 - 19, 2012 | <input type="checkbox"/> Workshop Only |
| <input type="checkbox"/> San Diego, CA – Jan 27 - 29, 2012 | <input type="checkbox"/> San Francisco, CA - Feb 24 - 26, 2012 | |

PARTICIPANT INFORMATION

Participant Name _____ Birth Date _____ Age _____
 School Name _____
 Director of School _____
 Entry Title _____ Entry Running Time _____ min
 Choreographer/Teacher _____
 Teacher/Coach (please print the name(s) you wish to appear in the program) _____
 Name of Accompanying Teachers _____

CONTACT INFORMATION

Parent's Name _____
 Student's
 Address _____
 City _____ State _____ Zip _____
 Phone/Cell _____ E-mail _____
 School's Address _____
 City _____ State _____ Zip _____
 Phone/Fax # _____ E-mail _____

PERFORMANCE DIVISIONS

- Classical Ballet Open/Contemporary Solo

SEX (GENDER)

- Male Female Height _____ Weight _____

AGE CATEGORIES

- Senior (15-19 years old) Junior (12-14 years old) Pre-competitive (9-11 years old)

FEES

Competition fees:	Price	Number	Total	Workshop fees:	Price	Number	Total
<input type="checkbox"/> Solo (each)	€90			<input type="checkbox"/> Pre-competitive	€95	x _____	= _____
<input type="checkbox"/> Pas de deux (per dancer).....	€100			<input type="checkbox"/> Junior/Senior	€95	x _____	= _____
<input type="checkbox"/> Duet/Trio (per dancer)	€50	x _____	= _____				
<input type="checkbox"/> Ensembles (per dancer)	€35	x _____	= _____	TOTAL FEES:			_____
<input type="checkbox"/> Model Search	€25	x _____	= _____				

The student(s) and I have read all rules and regulations, and we understand that Youth America Grand Prix is not responsible for any damage, injury or loss during the competition and workshop. **Further, Youth American Grand Prix strictly prohibits the use of all Videographic and Photographic equipment during Competitions with the exclusive exception of VAM Productions, Inc.**

Studio Director or Parent/Guardian's Signature _____ Date _____
 For Office Use Only: Date Received _____ Ck# _____