

DANCE COMPETITION REGISTRATION FORM

MEMBER **ASSOCIATION** _____

DANCE **CATEGORY:** Couple

Dancer One: _____

Address: _____

City: _____ **State or Province:** _____ **Zip or Postal Code:** _____

Phone: () _____ **Email** _____

It is OK to release this information to other IGRA members for dance-related purposes. Yes

Dancer One: _____

Address: _____

City: _____ **State or Province:** _____ **Zip or Postal Code:** _____

Phone: () _____ **Email** _____

It is OK to release this information to other IGRA members for dance-related purposes. Yes No

NAMES TO USE IN PRESS RELEASES AND PROGRAM FOR THIS CONTEST:

1st Name Only Last Name Only Full Name

Division I (Advanced) Division III (Beginner)

Division II (Intermediate) Division IV (First Time)

FREESTYLE SONG TITLE: _____

ARTIST: _____

I CERTIFY THAT THE ABOVE NAMED CONTESTANTS(S) ARE MEMBERS IN GOOD STANDING AND ELIGIBLE TO REPRESENT OUR ASSOCIATION AT THE IGRA COUNTRY WESTERN DANCE COMPETITION IN THE STATED CATEGORY.

Association President or Trustee printed name: _____

Signature

Date

DANCE COMPETITION REGISTRATION FORM

MEMBER **ASSOCIATION** _____

DANCE **CATEGORY:**
Division I (Beginner) Individual Dancer Open Dance Team
Division II (Intermediate) Division III (Advanced)

Individual Dancer: _____

Address: _____

City: _____ **State or Province:** _____ **Zip or Postal Code:** _____

Phone: () _____ **Email** _____

It is OK to release this information to other IGRA members for dance-related purposes. Yes No

Dance Team: _____

Contact Name: _____

Address: _____

City: _____ **State or Province:** _____ **Zip or Postal Code:** _____

Phone: () _____ **Email** _____

It is OK to release this information to other IGRA members for dance-related purposes. Yes No

NAMES TO USE IN PRESS RELEASES AND PROGRAM FOR THIS CONTEST:

1st Name Only Last Name Only Full Name

I CERTIFY THAT THE ABOVE NAMED CONTESTANTS(S) ARE MEMBERS IN GOOD STANDING AND ELIGIBLE TO REPRESENT OUR ASSOCIATION AT THE IGRA COUNTRY WESTERN DANCE COMPETITION IN THE STATED CATEGORY.

Association President or Trustee printed name: _____

Signature

Date

DANCE COMPETITION REGISTRATION FORM

REGISTRATION FEES:

\$75.00 per couple if postmarked 30 days prior to opening of IGRA University

\$100.00 per couple 15-30 days prior

\$35.00 per individual line dancer 30 days prior to opening of IGRA University

\$60.00 per individual 15-60 days prior

\$100.00 per team if postmarked 30 days prior to opening of IGRA University

\$125.00 per team 15-30 prior

POST MARK DATE:

MAIL ENTRY FORM & APPROPRIATE FEES, NON-REFUNDABLE & PAYABLE TO IGRA

20140 East Maplewood Ln
Centennial CO. 80016-1279