

YAGP 2012 SEMI-FINALS ENSEMBLE REGISTRATION FORM -

ONE APPLICATION PER PIECE NOT PER PERSON

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"/> Chicago, IL – Jan. 6 – 8, 2012 | <input type="checkbox"/> Dallas, TX – Feb. 3 – 5, 2012 | <input type="checkbox"/> Torrington, CT – Mar 2 - 4, 2012 |
| <input type="checkbox"/> Philadelphia, PA - Jan 13 -15, 2012 | <input type="checkbox"/> Los Angeles, CA - Feb 10 - 12, 2012 | <input type="checkbox"/> Indianapolis, IN – 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"/> Atlanta, GA –TBA |
| <input type="checkbox"/> San Diego, CA – Jan 27 - 29, 2012 | <input type="checkbox"/> San Francisco, CA - Feb 24 - 26, 2012 | <input type="checkbox"/> Vancouver, BC – TBA |
| | | <input type="checkbox"/> Workshop Only |

SCHOOL INFORMATION

School Name _____
 Director of School _____
 School's Address _____
 City _____ State _____ Postal Code _____ Country _____
 Phone/Fax # _____ E-mail _____
 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 _____

PARTICIPANT INFORMATION

Dancer Name _____ DOB _____ Sex (M or F) _____ E-mail Address: _____
 Dancer Name _____ DOB _____ Sex (M or F) _____ E-mail Address: _____
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FEES

Competition fees:	Price	Number	Total	Master Class fees:	Price	Number	Total
<input type="checkbox"/> Pas de deux (per dancer).....	\$100			<input type="checkbox"/> Pre-competitive	\$95	x _____	= _____
<input type="checkbox"/> Duet/Trio (per dancer)	\$50	x _____	= _____	<input type="checkbox"/> Junior/Senior	\$95	x _____	= _____
<input type="checkbox"/> Ensembles (per dancer)	\$35	x _____	= _____	TOTAL FEES:			_____

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# _____