

ENTRY FORM

Closing Date for Entry			March 1 st 2016			
Final Deadline for Music. Late CD's will not be accepted.			April 1 st 2016			
No alterations to Music or dance titles after this date.				-hin T		
Name						
Date of Birth	1 1	Age as at 20/5/16	Ye	ears	Months	
Select Award	Senior Award □	Junior Award				
Street Address						
City		Post Code				
Phone		Mobile				
Email Address		<u> </u>				
Current Teacher						
Current Dance School						
City		Post Code	Post Code			
Phone		Mobile	Mobile			
Email Address						
Teacher's Signature						
Past South Island Dance Schools and years attended						
School: Years						
Email:						
School:			Years			
Email:						
Items Please list Title and Ballet of Origin (if applicable)						
Set Solo Variation	Please list Title and Ballet of Origin (if applicable)					
Own Choice Solo						
Check List			Tick	<u> </u>	Compulsory Items *	
Entry Fee \$150 (non-refu	undahla)		TICK		\$150.00 *	
Christchurch Ballet Society Membership (if not a current member)					\$5.00 *	
Copy of Birth Certificate or Passport (must be submitted with entry form)					*	
Music CD's, preferably MP3 format, 1 track on each CD labelled with competitor						
name and name of dance. Music may be emailed.						
Photograph – Head and shoulders emailed as jpg, clearly labelled with					*	
Competitor Name (photograph must be submitted with entry form) PAYMENT SELECT Direct Credit □ Cheque □			TOTALĆ			
		EQ2 0062002 01	TOTAL \$			
Christchurch Ballet Society Account Number: 03-1592-0062903-01 Payment Date: / / Payment Reference: (Please use Performers Name and SI Award as reference)						
I have read and understood the entry information for the SI Ballet Award including the rules and conditions of entry and agree to comply with						
such rules. I have provided all recorded music information requested in order to comply with APRA regulations. I also give permission to the						
Christchurch Ballet Society to use photos from this competition for future publicity.						
Competitor's Signature				Date		
Parent/Caregiver's Signature (if under 18)				Date		

Post or Email Entry Form to: Christchurch Ballet Society Inc. PO Box 2407 Christchurch 8140