



IDC ENTRY SUBMISSION FINAL CHECKLIST

Please check mark all items to make sure you have provided the IDC office with all necessary information. After filling out this check list use it as a cover sheet for faxed entries or page 1 of your mailed entries.

DANCER ROSTER/ENTRY FORM

- All participating dancers in **ALL** entries are included on each roster.
- One completed dancer roster per entry (excluding solo entries).
- All birth dates are included and accurate.
- All ages are included.
- Form is signed by Authorized Legal Representative at bottom of roster.
- All Solo's are noted **MALE OR FEMALE** on Entry Forms.
- All routines have time length noted.
- Appropriate routines marked: Supplementary - Parent/Adult - Professional / Pro-AM



METHOD OF PAYMENT (U.S. Funds Only)

One check / money order / or cashier's check for the total amount of all entry fees.

VISA Master Card AMEX Card Holder's Name: _____

DISCOVER (PRINT ONLY)
Card Number

Zip Code on Billing Statement Exp. Date
M M Y Y

THIS BOX FOR CANADIAN ZIP CODES ONLY

STUDIO / INDEPENDENT ADDRESS

Physical address only. Do not use a Post Office Box. Courier services such as UPS or FedEx cannot deliver to a P.O. Box.

CONTACT INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> Studio / Independent Name | <input type="checkbox"/> Fax Number |
| <input type="checkbox"/> Street Address, City, State & Zip | <input type="checkbox"/> E-mail Address |
| <input type="checkbox"/> Studio / Independent Phone | <input type="checkbox"/> Studio Owner's Name |
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Entry Preparer's Name |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Entry Preparer's Number |

COMPETITION CITY: _____ STUDIO NAME: _____

AS LISTED ON SCHEDULE

ENTRIES

- Number of entries being sent _____ Total number of dancers competing _____
- Make sure you have included all of your entries. IDC may not accept additional entries after original entry submission has been received. Information must be legible and easily read by the IDC office Staff.**

FAX ENTRIES TO IDC AT 1-800-658-8959

DATE: _____ TOTAL PAGES BEING SENT INCLUDING THIS COVER: _____

SENDER NAME: _____

YOUR FAX NUMBER: _____ YOUR PHONE NUMBER: _____

MAIL ENTRIES TO IDC AT 2929 East Commercial Blvd., Suite 306, Fort Lauderdale, FL 33308
Please make sure you have read all IDC official rules and regulations. Questions ? Call 1-800-797-2145