



AMATEUR AMERICAN STYLE

MARCH 25TH, 2017

**CENTRE DES LOISIRS VILLE ST-LAURENT
1375, RUE GRENET, VILLE ST-LAURENT H4L 5K3**

INSCRIPTION

Deadline March 4th, 2017

No inscription by phone

TICKET

Juvenile & Junior 20 \$
Adult 40 \$

	Novice		Preliminary		Intermédiaire		Pre-Bronze		Bronze		Pre-Silver		Silver		Gold	
	C	F	CSw	WF	CSw	WF	CRSw	WFT	CRSwS	WFT	CRSwS	WFTV.W	CRSw	VFTV.W	CRSwS	VFTV.W
0 to 11 year (Juvenile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 to 15 year (Junior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 to 29 year (Y. Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 year + (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 year + (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 year + (Senior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 year +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHAMPIONSHIP (C/W)

	15 -	16 +
Bronze	()	()
Silver	()	()

RESPONSIBILITY will not be accepted by the Organizer for LOSS or THEFT of articles left in changing rooms or ballroom. Neither will the Organizer be held liable for injuries sustained by persons attending DANSE ELITE.

Please mail to
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Fax : 514-354-2283
2720mtl@gmail.com

www.studio2720.ca
www.dansesportmontreal.com

Man :	Lady :
Address :	
City :	
Postal code :	Tel. : E-Mail :
Signature :	

Categories Adult (competitors)	_____ @ 15 \$* = _____ \$	Total
Categories Junior (competitors)	_____ @ 10 \$* = _____ \$	
Admission Adult	_____ @ 40 \$* = _____ \$	
Admission Junior (15 and under)	_____ @ 20 \$* = _____ \$	

*Taxes included

Pay by certified check, money order at Studio 2720 , or by credit card	Name on card	PLEASE CAPITAL LETTERS	Date
	Card #	Signature	
	Expiration Date	Postal Code/Zip	

➡ All participants in these competitions must be a member in good standing with the NDCC prior to the competition. Please enter your membership number. The organizer reserves the right to refuse a registration for which there is no registered member number.

AMATEUR REGISTRY

# Mr	# Mrs
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