



Long Island Ballet Competition

Not-for-profit organization under code 501(c) (3)

P.O.Box 5830, Bay Shore, NY 11706 Ph: 631- 275-5990

www.liballetcompetition.com

LIBC Competitor's Application

Dancer's Name _____
first last

Birth Date ____/____/____ Age _____ Male
Female

Mailing Address _____
(Street, Number) (Apartment Number)

City County State Zip Code

Primary Phone _____ Secondary phone _____

e-mail _____

Name of Parent or Legal Guardian _____

Emergency Contact _____

DANCE TRAINING

Current School _____

(City/Town) _____

How many classes per week do you attend?

In Ballet Technique _____ Pointe _____

Primary Teacher(s) _____ how many years? _____

SELECT YOUR DIVISION:

Pre-Competitive ages: 8 - 12 Junior A ages: 10 - 11 Junior B ages: 12 - 13 Senior ages: 14-15 Pre-professional ages: 16-17- 18

List your dances, enclose payment and have your application signed:

- CLASSICAL VARIATION - Title _____
Music _____ choreography by _____
- NEW BALLET WORK Title _____
Music _____ choreography by _____
- CHARACTER DANCE Title _____
Music _____ choreography by _____
- MODERN DANCE Title _____
Music _____ choreography by _____
- ENSEMBLE (can be mixed ages). Check one: BALLET CHARACTER MODERN
Music _____ Choreography by _____
Title _____

Payment enclosed

\$100
one dance

\$180
two dances

\$250
three dances

\$45
Ensemble dance only

\$30
Ensemble in addition to solo

Please mail Registration Form, music CDs and check made payable to Long Island Ballet Competition to: LIBC P.O.Box 5830, Bay Shore, NY 11706

There will be no refund. In the event a competitor is unable to compete due to medical reasons, a written notice and a letter from a doctor must be submitted to LIBC.

The student applicant and I have read all rules and guidelines and we understand that Long Island Ballet Competition (LIBC) is not responsible for any damage, injury or loss during any event associated with the Competition. All participants are required to be self insured and to indemnify LIBC. I consent to the reproduction and /or use of photographs, videotapes and film or audio recordings of myself or my child/charge for advertising or promotional purposes by LIBC.

Parent/Guardian's signature _____ Date _____

