



PRO-AM PROFICIENCY SINGLE DANCE & SOLO ENTRY FORM

Gentleman: _____

PROFESSION

STUDENT

Lady: _____

PROFESSION

STUDENT

Studio Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEASE CIRCLE AGE & DANCES

A1 (16-30) **B1 (51-60)** **C2 (76-80)**
A2 (31-40) **B2 (61-70)** **C3 (81+)**
A3 (41-50) **C1 (71-75)**

	SMOOTH					RHYTHM										BALLROOM				LATIN											
Newcomer	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Pre-Bronze	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Int Bronze	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Full Bronze	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Open Bronze	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Pre-Silver	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Int Silver	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Full Silver	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Open Silver	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Pre-Gold	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Int Gold	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Full Gold	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Open Gold	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Advanced Gold	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J
Open Adv Gold	W	T	FT	VW	PB	CC	R	ECS	B	M	MER	SAM	NC2	C2S	POL	HUS	AT	WCS	BAC	PD	SAL	W	T	VW	FT	QS	CC	S	R	PD	J

RELEASE

The undersigned, being fully cognizant of the risks inherent in ballroom dancing and exhibitions, shall hereby:

1. Assume all risks of bodily injury (including death) and property damage inherent in attending this event.
 2. Release and hold harmless Czech Dancesport Championships, LLC; Ilya Reyzin, Vitalija Tyrnova and /or the the Svaz Ucitelu Tance from all liability to me, my personal representatives, assigns, heirs, and next of kin, and against any claim or cause of action which I or anyone claiming by, through or under me, may at any time have against those hereby release, arising out of bodily injury (including death or damage), loss or theft of articles suffered by me while attending this event.
 3. Consent to use and release of his/her name and likeness to be used in photographs, television filming and recording of the event used in connection with the television broadcast, exhibition, distribution or promotion of the event in any manner and by any means, now or in the future by Czech Dancesport Championships, LLC and/or its parent, related, affiliated or subsidiary companies: Ilya Reyzin, Vitalija Tyrnova, or the Svaz Ucitelu Tance*
- * If any person has an objection to being video taped or the possibility of being seen on these tapes or in any publicity trailers or other use of his or her picture, please notify the organizers of this event in writing thirty days prior to the commencement. Failure to notify will be considered as permission granted.
 * All persons attending this event, whether as spectators or as competitors or as officials or guests of the organizer, shall be bound by the Svaz Ucitelu Tance rules and by participating in this event, automatically become obligated to adhere to them.

Gentleman: _____

Lady: _____

PAYMENT MUST ACCOMPANY ENTRY FORM
 Please make check or money order payable to:

Czech Dancesport Championships, LLC
1275 Providence Highway, Norwood MA 02062
Phone/Text: (401) 473-8331
info@czechdancesport.com