

ASC 2012 SOUTHERN NATIONAL DANCE TEAM REGISTRATION FORM

P.O. BOX 2712 EDMOND, OK 73083-2712

WWW.ASCSPIRIT.COM PHONE: (800) 636-5272 FAX: (405) 359-0989

ENTRY FEE: The National Team entry fee will be \$75 per person, per routine. Entries postmarked less than 14 days before the competition will be charged a \$10 per person late fee. There will be no refunds for entry fees. Please fax or mail the form to the address above with full payment by check or money order. Payments by Visa, MasterCard, American Express and Discover can be made below in the space provided. (ASC reserves the right to combine, delete or separate divisions at any competition.) Please call 1-800-636-5272 should you have any questions.

STUDIO NAME _____

COACH/TEACHER _____ **EMAIL** _____

PHONE (____) _____ **FAX** (____) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Use the divisions listed below to fill out this form. (ASC will split all divisions according to USASF guidelines)

Team Name	Age Division	Category	# of Crossovers	Total # on Team
ex. Binghamton Dance Divas	Youth	Jazz	0	20

ALL-STAR DANCE DIVISIONS

Tiny Dance (6 yrs & younger, 5-36 members)
 Mini Dance (9 yrs & younger, 5-36 members)
 Youth Jazz (12 yrs & younger, 5-36 members)
 Youth Pom (12 yrs & younger, 5-36 members)
 Youth Hip Hop (12 yrs & younger, 5-36 members)
 Junior Jazz (15 yrs & younger, 5-36 members)

Junior Pom (15 yrs & younger, 5 -36 members)
 Junior Hip Hop (15 yrs & younger, 5-36 members)
 Senior Jazz (18 yrs & younger, 5-36 members)
 Senior Pom (18 yrs & younger, 5-36 members)
 Senior Hip Hop (18 yrs & younger, 5 -36 members)
 Open Dance (14 yrs & older, 5-36 members)

Circle One: Check Money Order Cashiers Check Visa MasterCard Amex Discover	Total # of Dancers		On Time Fee X \$125.00 =	
			Early Bird (Jan 15) X \$115.00 =	
			Late Fee X \$135.00 =	
	Total # Additional Dancers		2 nd Dance Fee X \$100.00 =	
	Total Money Owed =			

If fees are paid two weeks before competition, money must be in the form of Credit Card or Money Order/Cashiers Check

Card Number: _____ **Expiration Date:** _____

Signature: _____