

Australian Ceachers of AUSTRALIAN TEACHERS OF DANCING LTD ACN 051 244 510 ABN 39 051 244 510

ENTRY FORM FOR STATE SUB-JUNIOR BALLET CHAMPIONSHIP			
ENTRANT'S NAME:	D.O.B/	/	
STUDIO OWNER/S NAME:			
STUDIO & ADDRESS:			· · · · · · · · · · · · · · · · · · ·
ACADEMIC SCHOOL CURRENTLY ATTENDING:			
ENTRY FEE: \$30.00 (incl. GST)			
CONDITIONS OF ENTRY 1. Competitors must be 11 years or under as of 1st January 2. Competitor must successfully complete 3 off the following included as 1 to 2 to 2 to 3 to 3 to 5 to 5 to 5 to 5 to 5 to 5	(Qualifying) (Qualifying) (Qualifying) (ed above for the previous Ca	ılendar yea	ır. The Competitor
must be enrolled and participating in classes at the school stated the State or National Championships *Refer to State and National Section of the website 4. The Championship entry form must be signed by the studio of accompanied by the following: a) Copy of birth certificate/extract, passport or other legal did b) Copies/A.T.O.D. computer printouts of all examination results.	I on the entry form in order to nal Championships Rules local wner, the competitor and their ocument;	perform or ated in the parent/gua	n the day of either Championships ardian and must be
NO ENTRIES WILL BE ACCEPTED V			
Closing date for all entries is 5.00 p.m. 1st May of each year.	NO LATE ENTRIES WILL E	BE ACCEP	TED
DRESS REQUIREMENTS Please refer to ATOD Championships Class Uniform requirements documents.//www.atod.net.au/events/	ument available on the ATOD we	ebsite Event	s Page:
DANCE REQUIREMENTS 1. All competitors will participate in an unseen class prior to 2. The competitors will perform one solo on stage in costum Time Limit - 3 minutes maximum		k.	
 Studio Owners, Teachers, Parents and other interested Adjudicator whatsoever. The Adjudicators decision is final and no correspondence. All competitors participate in the Championships at their I give permission for ATOD to use my / my child's / stude ATOD promotional activities that may arise from time to time for use of my / my child's / student's photograph / images. Studio Owners agree to accept responsibility to have tro done ATOD will attend to the matter and forward an invoice for the payment 	e will be entered into regardir own risk. ent's photograph / images, wit ATOD. I do not require ATOI phy/shield engraved and und	ng their dec thout paym D to consul erstand tha	cision. nent or reward, for It with me prior to the at where this is not
I HAVE BEEN INFORMED OF THE STATE CHAMPIONS THIS ENTRY IS IN ACCORD		BE BOUND	BY THEM.
THIS ENTRY IS IN ACCORDA	SHOL WITH THE RULES.		
ENTRANT'S SIGNATURE:	DATE:	/	/
STUDIO OWNER'S SIGNATURE:	DATE:	/	/

PARENT/GUARDIAN SIGNATURE:

DATE:____/___/