

Kent Dance Challenge - Entry Form

Date _____

ONE per routine

Please return to our office, our address can be located in contacts

School/College:

Principal/Director:

Postal Address:

Contact Tel:

Mob:

E-mail: (Please write clearly)

Name of dance Troup:

Name of dance:

Style of Dance:

Dance Trainer/Choreographer:

Number of dancers:

Age of dancers:

Title of music:

Can you confirm music will be provided on CD YES/NO

Duration of the routine:

Start music when dancers are ON or OFF the stage:

Other comments: Number of tickets required:

To confirm my place please find enclosed payment for the entry of one routine
Cheque made payable to "Kent Dance Challenge"