



# Dance Masters of America, Inc.

## Solo Title Scholarship Competition Application Form

**To be completed and given to the Chapter Secretary**

**DIVISION: (CHECK ONE)**

Miss Dance \_\_\_\_\_ Teen Miss \_\_\_\_\_ Junior Miss \_\_\_\_\_ Petite Miss \_\_\_\_\_

Mr. Dance \_\_\_\_\_ Teen Mr. \_\_\_\_\_ Junior Mr. \_\_\_\_\_ Master Dance \_\_\_\_\_

**ENTRANT'S PERSONAL INFORMATION:**

Name of Entrant: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Entrant's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Entrant's Age (as of June 1st): \_\_\_\_\_ Birth Date: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Status: (Check One) ☐ Amateur ☐ Professional

T-Shirt Size SC \_\_\_\_\_ MC \_\_\_\_\_ LC \_\_\_\_\_ SA \_\_\_\_\_ MA \_\_\_\_\_ LA \_\_\_\_\_ XLA \_\_\_\_\_

Leotard Size SC \_\_\_\_\_ MC \_\_\_\_\_ LC \_\_\_\_\_ SA \_\_\_\_\_ MA \_\_\_\_\_ LA \_\_\_\_\_ XLA \_\_\_\_\_

I am a Title Holder Representing Chapter # \_\_\_\_\_ I am an Open Contestant (Male only) \_\_\_\_\_

I will be auditioning in the following subjects: Ballet \_\_\_\_\_ Tap \_\_\_\_\_ Jazz \_\_\_\_\_ Acrobatics \_\_\_\_\_ Modern \_\_\_\_\_

Teacher of Record: \_\_\_\_\_ Chapter # \_\_\_\_\_

(Must be same Member who signed Chapter Competition Application as Teacher of Record)

Teacher's Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Teacher(s) of Recognition: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

(Cannot be the same as the Teacher of Record)

Choreographer: Name \_\_\_\_\_ Status: Member \_\_\_\_\_ Student of Member \_\_\_\_\_ Non Member \_\_\_\_\_

Studio Name: \_\_\_\_\_

The Entrant, The Teacher of Record and Teacher(s) of Recognition must be registered for the full National Convention and a DMA Member in good standing if listed on this application.

Type of Dance: \_\_\_\_\_ Time of Routine: Minutes \_\_\_\_\_ Seconds \_\_\_\_\_

Name of Routine \_\_\_\_\_

Name of Song \_\_\_\_\_ Artist \_\_\_\_\_

Enter: Stage Right \_\_\_\_\_ Stage Left \_\_\_\_\_ Before Music Starts \_\_\_\_\_ After Music Starts \_\_\_\_\_ Prop \_\_\_\_\_

## MEDICAL AUTHORIZATION

That I, \_\_\_\_\_, am the parents and natural guardian of \_\_\_\_\_ a minor child (under the age of (18) years of age) and hereby authorize the Dance Masters of America, Inc. their agents, servants, and/or employees to obtain whatever medical and/or hospital care and treatment may be deemed necessary, within their sole discretion, while my said minor child is attending the Dance Masters of America, Inc. National Convention, Atlanta Marriott Marquis, 265 Peachtree Center Ave, Atlanta GA, 30303, from June 26<sup>th</sup> through July 5<sup>th</sup> 2019.

Dated: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

STATE OF \_\_\_\_\_), COUNTY OF \_\_\_\_\_)

On the \_\_\_\_ day of \_\_\_\_\_, 2019, before me personally came and appeared \_\_\_\_\_

to me known and known to me to be the individual described in and who executed the foregoing Medical Authorization and who duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
SIGNATURE NOTARY PUBLIC

## GENERAL RELEASE FORM

I hereby acknowledge that I have read the official rules of the 2019 Dance Masters competition for which I am entering and, that I am complying with their rules. The personal data herein set forth is correct.

I give my permission as an entrant to be photographed and videotaped during the 2019 National Convention. It is my understanding that the photographs and video tapes will be used solely for Dance Masters of America, Inc. at their discretion and in a manner benefiting the high standard of the association. It is further my understanding that these photographs and video tapes may be offered for sale at the discretion of Dance Masters of America, Inc.

In consideration of being accepted as an entrant in the 2019 Dance Masters of America Solo Title Scholarship Competition. I do hereby release the Dance Masters of America, Inc., the Officers of the Organization, Directors and Assistants of the Competition, Atlanta Marriott Marquis from any and all claims for damages or injuries, which the entrant may sustain while participating as a contestant in any activity connected with this Convention and Competition. I have also read the Official Rules of the 2019 Dance Masters of America, Inc. Solo Title Scholarship Competition and do hereby agree to comply with said rules and regulations now in effect or as announced thereafter. Failure to obtain the below three signatures prior to the entry deadline will disqualify applicant from entry into the 2019 competition.

I do hereby affirm that the information provided is true and accurate

\_\_\_\_\_  
Entrant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Teacher of Record Signature

## APPLICATION DEADLINE:

Your Solo Title Competition Entry Application Form, fully completed with all other required information; your required photographs on CD; your Convention Registration; your Teacher of Records Convention Registration; your Teachers' of Recognition Convention Registration; your approved Chaperone Request signed by the National President; your type written resume (or submitted on labeled CD in **Word Document**; and all applicable fees, paid in U.S. Funds – drawn on a U.S. Bank and/or scholarship forms must be in the National Treasurer's Office on or before but not later than the **DEADLINE DATE OF APRIL 15TH**.

## ENTRY FEES:

Miss Dance of America	\$450.00	Mr. Dance of America	\$450.00
Teen Miss Dance of America	\$325.00	Teen Mr. Dance of America	\$325.00
Junior Miss Dance of America	\$325.00	Junior Mr. Dance of America	\$325.00
Petite Miss Dance of America	\$325.00	Master Dance of America	\$325.00

All Affiliated Chapter Title Holders Entry Fees include: Entry into the Competition, Program Book Picture, a Scholarship to the National Convention (excluding food functions), three (3) free tickets to their Solo Title Scholarship Competition, one (1) Solo Program of their competition and one (1) free ticket to each of the other Solo Title Scholarship Competitions.

## RESUME: ALL ENTRANTS

All Entrants must attach a one page typewritten resume, **AND** a disk with your resume in a word file, to this application. Please **do not make reference to your Teacher of Record, Teacher(s) of Recognition, Choreographer(s), or the name of your dance studio**. Your resume should include your academic achievements, dance training, special performances, personal achievements, special interests, school activities, hobbies, etc. **Please do not list every award that you have won. TEACHERS, PARENTS AND CHAPTER SECRETARIES ARE RESPONSIBLE FOR PROOFREADING THE RESUME BEFORE SUBMISSION.**

## LEOTARD FORM

All female National Title Holders and Entrants must complete the Leotard Order Form portion of this Application. The leotard will be worn for the opening routine of the Scholarship Competition.

## MR. DANCE TUXEDO

The reigning Mr. Dance of America and Entrants into the Mr. Dance of America **MUST** purchase or rent and come to the Convention with a black, single breasted Tuxedo, complete with Tuxedo Shirt, Cummerbund, Black Tie, Dress Socks and Dress (Tuxedo) Shoes.

## SPECIAL NOTICE

<p><b>THE ENTRANT, THE PARENTS, AND THE TEACHER OF RECORD ARE RESPONSIBLE FOR THE CONTENTS OF THIS APPLICATION. THEY ARE ALSO RESPONSIBLE FOR SENDING THIS COMPLETED APPLICATION, TOGETHER WITH ALL REQUESTED ITEMS AND PAYMENTS TO THE AFFILIATED CHAPTER SECRETARY WHO WILL BE RESPONSIBLE FOR THE CHECKING AND SUBMISSION OF THE COMPLETE CHAPTER SOLO PACKET TO THE NATIONAL TREASURER ON OR BEFORE BUT NOT LATER THAN APRIL 15<sup>TH</sup>.</b></p>
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## DANCE MASTERS OF AMERICA, INC. DVD ORDER FORM

All Solo Title's DVDs will be sold through the National Treasurer's Office. Each DVD will contain footage of the Opening Production Routine, the Entrant's Performance, and the Awards Ceremony. Full payment in United States Funds drawn on United States Bank must accompany each order and be included with your Solo Title Competition Application.

Contest:

\_\_\_\_ Petite Miss Dance    \_\_\_\_ Junior Miss Dance    \_\_\_\_ Teen Miss Dance    \_\_\_\_ Miss Dance  
\_\_\_\_ Master Dance    \_\_\_\_ Junior Mr. Dance    \_\_\_\_ Teen Mr. Dance    \_\_\_\_ Mr. Dance

Current National Title Holder \_\_\_\_\_ Contestant's # \_\_\_\_\_  
Name \_\_\_\_\_ Chapter # \_\_\_\_\_

Name of Teacher of Record \_\_\_\_\_

Number of DVD Discs \_\_\_\_\_ @ \$40.00 Each = \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Ship to: Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Teacher of Record \_\_\_\_\_

Total DVD Payment Enclosed \$ \_\_\_\_\_

## LEOTARD ORDER FORM FOR ALL FEMALE CONTESTANTS

Name \_\_\_\_\_ Chapter # \_\_\_\_\_

Contestant # \_\_\_\_\_

Petite Miss Dance \_\_\_\_\_ Junior Miss Dance \_\_\_\_\_ Teen Miss Dance \_\_\_\_\_ Miss Dance \_\_\_\_\_

Leotard Order: Total Number of Leotards @ \$45.00 \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_

Leotard Size:

____ XSC Extra Small Child	____ MC Medium Child	____ SA Small Adult
____ SC Small Child	____ LC Large Child	____ MA Medium Adult
____ IC Intermediate Child	____ PA Petite Adult	____ LA Large Adult
		____ XLA Extra Large Adult

Total Leotard Payment Enclosed \$ \_\_\_\_\_

## TALLY SHEET

Entrance Fee Enclosed \$ \_\_\_\_\_

DVD Fee Enclosed \$ \_\_\_\_\_

Leotard Fee Enclosed \$ \_\_\_\_\_

**GRAND TOTAL ENCLOSED** \$ \_\_\_\_\_