

Please use Separate form
for each age division.
Deadline February 10

Simone's EPIC Conference Competition Registration Form

(Workshop, Competition and Duo Duet forms are separate)

			\$12 Per dancer per dance														\$20 per dancer per dance																			
			Contemporary Solos @ \$15	Traditional Solos @ \$15	Wildcard Team	Small Team Line	Small Team Line Formations	Small Team Exhibitions	Novice Team	Props Exhibition	Line	Line Formations	Traditional Line	Exhibition	Show	4 or More Couple Precision	4 or More Cpl Hoedown	Acapella Team	Open Acapella Team	Smooth	Running Set Hoedown		Country Hoedown	Southern App.	Production(Dance or clog)	Hip Hop	Ballet	Lyrical	Open	Tap	Jazz	Total This Person				
Name	Age	Male or Female																																		
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
10																																				
11																																				
12																																				
13																																				
14																																				
15																																				
16																																				
Average Age of this team: _____																												Total Due this form: \$ _____								
Age Division for this Team: _____																																				
Team Name																																				
Directors Name																																				
Address																																				
City		State	Zip																																	
Phone																																				
Email																																				
																												Exp. Date: _____ Zip Code Where Bill is Sent _____								
																												Signature: _____								

*If paying for Duo/duet/Trio entries, choreographed solo entries and workshop registrations, please fill out & attach summary sheet

Total Amount Due = _____
If Paying with Credit Card Enter Number Below: _____

Mail to: Simone Pace
1400 Keats Dr #1416
Spartanburg, SC 29301
864-266-5787
simonepace2000@yahoo.com