

COMMUNITY DANCE SHOWCASE 2010

PARTICIPATION FORM

Please return this form with a DVD or VHS tape by Friday, April 2, 2010 to: LaMorne's Dance & Fitness, LLC, 123A Highway 80 East #274, Clinton, MS 39056

Contact Person: _____

Phone Number: (_____) _____ E-mail Address: _____

Address: _____

Name of Dance Studio/Company: _____

*Make sure that your instructor/studio owner signs this form.

Student Organization (if applicable): _____

School (if applicable): _____

Style of Dance: _____

Music: _____ # of Dancers: _____

Special Request: _____

Description of Dancer or Group to perform:

Required:

One copy of a DVD or VHS tape containing 5-10 minutes of representative work completed within the last year. VHS tapes should be cued to the section to be reviewed. Applicants who want their work samples returned by mail must provide a self-addressed mailer with sufficient postage affixed to it. All work samples will be discarded after May 30th if no instructions are given for their return.

Signature _____ Date _____