

SHOWCASE REGISTRATION FORM

CHOREOGRAPHY INFORMATION

School or studio	_____
Coach or representative	_____
Email / WhatsApp	_____
Choreography name	_____
Song / artist	_____
Format and participant count	_____

OFFICIAL FORMATS

FORMAT	DANCERS	MAX. DURATION
Solo	1	2:45
Duo / Trio	2-3	3:00
Group	4-9	3:00
Line	10-15	3:00
Extended Line	16-24	3:00
Production	25+	5:00

MUSIC, PROPS AND TECHNICAL INFORMATION

After receiving the confirmation number and bib, email the MP3 or WAV file to crystalcup.dancesport@gmail.com. Include the confirmation number and choreography name in the subject and bring a USB backup.

Exact file name	_____
Music duration	_____
Declared props / scenery	_____
Description and setup	_____
Technical requirements	_____

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PARTICIPANT LIST

For Production entries with more than 25 participants, attach additional sheets.

No.	FULL NAME	AGE	PAYMENT / CONFIRMATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
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22			
23			
24			
25			

AUTHORIZATION

The representative confirms authorization from participants and guardians, accepts responsibility for safe music, props and lifts, and accepts the Official Rulebook, schedules and informational and promotional use of photographs and video.

Representative name and signature	_____
Date	_____
Administrative receipt	_____