



Grand National Best of the Best Solo and Showcase Friday Evening Session IV

LEAD (Circle PRO AM) _____ NDCA# _____

FOLLOW (Circle PRO AM) _____ NDCA# _____

Studio _____ Tel _____ Fax _____ Email _____

Address _____ City _____ State _____ ZipCode _____

SOLO SHOWCASE

Title: _____

if SHOWCASE additional Dancers: _____

SOLO SHOWCASE

Title: _____

if SHOWCASE additional Dancers: _____

SOLO SHOWCASE

Title: _____

if SHOWCASE additional Dancers: _____

A 4% admin fee will be added for all credit card payments (cash payment, Zelle, Certified Check no fee)