ASHEVILLE DANCE CLASSIC

PRO/AM & STUDENT/STUDENT GROUP FORMATION FORM

Professional:	Te	l:	Email:	
Studio:		Address:		
	Please fill out the Please fill out a ne Groups may perform Please provide your music Formations shou	up to <u>TWO</u> Form to the DJ in USB	Formation. ation Routines. format at check-in.	
Title of Routine (Optic	onal):			
Dance Style(s):		_ Dance Level: 1	□ Newcomer □ Bronze	□ Silver □ Gold
Song Title:		Song Artist:		
Dancers Names:				