

## 2010 His Name In The Arts Workshops Official Entreaty

\*\* LIST THE NAMES OF ALL DANCERS ATTENDING FROM YOUR GROUP, CHURCH ETC. ON THE DANCER ROSTER, SIGN AND MAKE COPIES, CHECKMARK THE NAMES OF THE DANCERS FROM THIS ENTRY ONLY. ALL REGISTRATIONS MUST BE RECEIVED BY THE DEADLINE DATE REGISTRATION FEES ARE NON-REFUNDABLE\*\*

USE ONE FORM PER REGISTRATION /PLEASE PRINT OR TYPE LEGIBLY

FEMALE \_\_\_\_\_ # DANCERS: \_\_\_\_\_ x \$20.00 = \_\_\_\_\_

MALE \_\_\_\_\_ # DANCERS: \_\_\_\_\_ x \$20.00 = \_\_\_\_\_

**I decline in the group workshop performance at the 2009 Showcase.**

**I decline in the group workshop however, I would like to perform in the showcase as an individual, team, church/dance group.** SEE & FILL OUT SHOWCASE ENTRY GUIDELINE, RULES & FORM

**I would like to perform in the group workshop performance at the 2009 Showcase.**

**I would also like to perform in both workshop and the showcase but as an individual, team, church/dance group.** SEE & FILL OUT SHOWCASE ENTRY GUIDELINE, RULES & FORM

CONTACT NAME: \_\_\_\_\_

GROUP/STUDIO/CHURCH NAME: \_\_\_\_\_

PASTOR'S OR DIRECTOR'S NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT'S NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

ALTERNATIVE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

COMPANY OR CHURCH E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATIVE CONTACT PERSON: \_\_\_\_\_

ALT CONTACT NUMBER: \_\_\_\_\_

MAIL OR FAX ENTRIES ALONG WITH ENTRY SUBMISSION FINAL CHECK LIST AND CORRECT ENTRY FEES TO:

His Name In The Arts c/o His Name Media Group, LLC - PO Box 14897 - Raleigh, NC 27610  
 FAX NUMBER: 919-754-9257 QUESTIONS? CALL 919-524-0846  
 OFFICE HOURS: M-F 9 AM - 5 PM / SAT. 9 AM -1 PM  
 EMAIL: kimberlymcghee@hnita.com or VISIT: www.hnita.com

## 2010 His Name In The Arts Showcase Official Entreaty

\*\* LIST THE NAMES OF ALL DANCERS PERFORMING FROM YOUR STUDIO ON THE DANCER ROSTER, SIGN AND MAKE COPIES, ATTACH A COPY TO THE FORM BACK TO BACK FOR EACH ROUTINE ENTERED. CHECKMARK THE NAMES OF THE DANCERS FROM THIS ENTRY ONLY. ALL ENTRIES MUST BE RECEIVED BY THE DEADLINE DATE OR BEFORE A MAXIMUM NUMBER OF ENTRIES ARE RECEIVED; WHICH EVER OCCURS FIRST.

USE ONE FORM PER ENTRY/PLEASE PRINT OR TYPE LEGIBLY

CATEGORY:

FEMALE SOLO...1 DANCER: \_\_\_\_\_

\_\_\_\_\_  
 Soloist Name / Age/ DOB

MALE SOLO...1 DANCER: \_\_\_\_\_

\_\_\_\_\_  
 Soloist Name / Age/ DOB

DUO - TRIO.....2-3 DANCERS \_\_\_\_\_ # OF DANCERS \_\_\_\_\_

SMALL GROUP...4-7 DANCERS \_\_\_\_\_ # OF DANCERS \_\_\_\_\_

LARGE GROUP...8-10 DANCERS \_\_\_\_\_ # OF DANCERS \_\_\_\_\_

**SUBJECT: (CHOOSE ONLY ONE):**

CLASSICAL BALLET  CONTEMPORARY  ETHNIC  HIP-HOP (URBAN DANCE)

JAZZ  LYRICAL  MODERN/ABSTRACT  MUSICAL THEATRE  OPEN

CLASSICAL/CONTEMPORARY POINTE  SONG & DANCE

**SEE DEFINITION OF SUBJECT IN STYLE GUIDELINE**

PROFESSIONAL / PRO-AM

**SEE DEFINITION IN ENTRY GUIDELINE (pg. 12)**

NAME OF ROUTINE: \_\_\_\_\_

GROUP/STUDIO/CHURCH NAME/INDEPENDENT NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

ALTERNATIVE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STUDIO OWNER'S NAME: \_\_\_\_\_ DO NOT LIST TEACHER NAME

ALTERNATIVE CONTACT PERSON: \_\_\_\_\_

ALT CONTACT NUMBER: \_\_\_\_\_

MAIL OR FAX ENTRIES ALONG WITH ENTRY SUBMISSION FINAL CHECK LIST AND CORRECT ENTRY **18**

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