Classic	CWCDANCE.COM EMAIL: INFO@CWCDANC PHONE: (781)328-0404 FAX: (646)688-3430	E.COM RECOGNIZED BY THE	7. NATIONAL DANCE COUNCIL OF AMERICA.	SOLOS FORM DEADLINE: OCTOBER 18, 2019
Teacher:		PLEA	ASEPRINT	NDCA #:
Amateur (Male Female):				NDCA #:
Studio Name:				
Address:				
City:		State:	DI FACE EILL TO	Zip Code: DESCRIPTION BY E-MAIL
Phone: E-mail:				
SOLO	DANCE TITLE	E OF ROUTINE	NAM	E OF OTHER DANCERS (If Any)
SOLO 1				PRO or AM
SOLO 2				PRO or AM
SOLO 3				PRO or AM
SOLO 4				PRO or AM
PRELESE. AUTHORIZATION RELASES AND INDEPINITION. CALL FOR PRICING BATE CALL FOR PRICING CALL FOR P				
Please make send forms / pays CWC 747 10th Avenue, Suite New York, NY 10019	All participants must sign t	ree to attached		Parent/Legal Guardian
Signature of Partici	pant	Date	Signa	ature of Parent/Legal Guardian
Signature of Partici	<u></u>	Date		Date