

Parent/Guardian

I confirm that all dances entered have been awarded the appropriate marks for the age group or the equivalent agreed British Federation category, at a nominated Festival associated with the Final.

I have read the Rules contained in the Syllabus, and am aware of the published time limits for dances and of the rules regarding props.

I have read the AED Child Protection Policy and accept my responsibilities in accordance with that Policy.

Please sign on front of form showing acceptance of the above.

Teacher

The Principal of the School, or the dancer's teacher must be aware that these entries are being made. A **Teacher Member** of the AED with current membership must sign the front of this form to confirm this and, in particular, their agreement to Rule 5 regarding filming:

“5. By entry to the Competition, teachers agree to the filming of that entry if selected for the Gala Matinee and, if choreographed by a third party, confirm they have their permission for the filming of that choreography during the Gala. Copies of the recording of the Gala may be offered for sale to participants”

When completed, this form should be sent together with the fee (**cheques made payable to All England Dance**) to the appropriate Finals Director, enclosing an SAE for return of timetable.

CLOSING DATE FOR ENTRIES: 1 MARCH 2011*

*see STEP 2 of 'How to Enter Competition'

All England Dance Competition 2011

Entry Form

**PLEASE SEND TO THE REGIONAL DIRECTOR
(SEE SYLLABUS FOR ADDRESS)**

THE ALL ENGLAND DANCE COMPETITION

ENTRY FOR

REGIONAL FINAL

Submission of this form implies acceptance of Rules as supplied.

(Continuation sheet available: www.all-england-dance.org.uk)

Contact Name and Address:	Telephone No.
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School Name:	email:
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Name of Competitor/s or Group Title BLOCK CAPITALS PLEASE	Age (of oldest) on 1/1/11 e.g. 7 yrs – not d.o.b.	Class: CB,CG, NA, CH,CO, SB,MB, MO ,TA,SD see syllabus	Where qualified	FEE

PLEASE SEND FORM TO THE REGIONAL DIRECTOR (CHEQUES PAYABLE TO ‘ALL ENGLAND DANCE’ with child’s name and school code on reverse)	BROUGHT FORWARD FROM CONTINUATION SHEET/S:	TOTAL:
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I confirm that I have read, understood and agree to the conditions of entry described overleaf.	Signature of Parent/ Guardian:	<input style="width:100%" type="text"/>
Name of Teacher Member: _____	Teacher Membership No.:	<input style="width:80%" type="text"/>
Please PRINT name of choreographer if freelance _____		

School Code: