



FORMATION TEAM Entry Form

ENTRY FEE : \$100

ENTRY DEADLINE: October 15, 20

STUDIO INFORMATION

Name: _____ Contact Person: _____

Address _____

City _____ State _____ Zip Code _____

Phone: Studio () _____ Cell () _____

Email: _____

Name of Team: _____ Dance: _____ Level: _____ Coach: _____

TEAM PARTICIPANTS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Formation Teams NOT to exceed 4 minutes.

All Team Members will also need to purchase admission tickets for the session.

Students dancing Friday night will pay competitor price of \$25

Send Entry Forms, Release Forms, and Check or Money Order to:

The Commonwealth Classic
2225 Massachusetts Avenue
Cambridge, MA 02140
www.commonwealthclassic.com

Phone: 617-783-5467
Fax: 617- 491-0055
commonwealthclassic@gmail.com