

# 2025 AMERICAN BALLET/CONTEMPORARY SOLO REGISTRATION FORM

**ABC May 28th - May 31st 2025**

**This is a fillable form – please type in all information**  
One form per contestant entry.

**REGISTRATION DEADLINE – May 1st, 2025**

E-mail Completed Forms to:  
[americanballetcompetition@gmail.com](mailto:americanballetcompetition@gmail.com)

**COMPETITOR INFORMATION** – PLEASE TYPE or WRITE IN

Participant Name: \_\_\_\_\_ Age (As of 5/29/25): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
 School: \_\_\_\_\_ Director: \_\_\_\_\_  
 Teacher/Coach: \_\_\_\_\_ School E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**DIVISION I (Ages 9-11)**

**Classical Ballet Variation (age 9 one solo only)** \_\_\_\_\_ (Ages 10 & 11 second solo if elected) \_\_\_\_\_

**Contemporary Solo (Ages 10 & 11 one solo only)** \_\_\_\_\_ Choreographer \_\_\_\_\_

**DIVISION II (Ages 12-15)**

**DIVISION III (Ages 16-20)**

**\*Classical Ballet Variation – Black Leotard** \_\_\_\_\_

**\*Classical Ballet Variation – Costume** \_\_\_\_\_

Add'l Classical Variation (if elected, performed 2<sup>nd</sup>) \_\_\_\_\_

**\*Contemporary Solo (performed 1<sup>st</sup>)** \_\_\_\_\_ Choreographer \_\_\_\_\_

Add'l Contemporary Solo (if elected, performed 2<sup>nd</sup>) \_\_\_\_\_ Choreographer \_\_\_\_\_

\*Included in Entry Fees

**IMPORTANT CONTACT INFORMATION**

Parent's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**FEES:** Enter division and add any elective solos

Division I	- \$250	\$ _____
Division II	- \$315	\$ _____
Division III	- \$315	\$ _____

Additional Ballet Solo	- \$90	\$ _____
Add'l 1 <sup>st</sup> Contemporary Solo	- \$90 (if in ballet)	\$ _____
Add'l 2 <sup>nd</sup> Contemporary Solo	- \$90	\$ _____
Contemporary Solo Only	- \$315 (not in ballet)	\$ _____

3-Day All Events/Audit Pass \$65 x # \_\_\_\_\_ = \$ \_\_\_\_\_

\$25 discount if registered by March 1<sup>st</sup> \$ \_\_\_\_\_

Indicate Payment Method: \_\_\_\_\_ **TOTAL** \$ \_\_\_\_\_

(Check, Money Order, Western Union, Credit Card)  
 CC# \_\_\_\_\_ Exp \_\_\_\_\_ CVP \_\_\_\_\_ Zip Code \_\_\_\_\_

Competition Tickets may be purchased at check-in or theater door.  
 \$8/day or \$20/3 day pass – children 12 and younger \$3/day.  
 Contestants receive one 3-day complimentary pass for competitions.

**3-DAY CLASS AUDIT PASS**

One complimentary Class Audit Pass for  
 Director or Teacher  
 Representing participating school

Teachers & Parents of competitors  
 who wish to observe all master classes - \$65

Outside dance teachers who wish to audit  
 ABC Master Classes and view all competition events  
 may purchase 3-Day Audit Passes at check-in times  
 or e-mail this form to: [abcmason@gmail.com](mailto:abcmason@gmail.com)

Names for Audit Pass: \_\_\_\_\_  
 Director: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

**I have read and agree to abide by ABC rules and regulations as posted on ABC's website.**

\_\_\_\_\_  
**Signature of Parent, School Director or Competitor 18 or over**