

2018 SCDancing SHOWCASE PROGRAM INFORMATION

Use a separate form for each piece submitted – Please type or print legibly.

Please make sure this completed form is only one page.

Enclosed is our school's \$25.00 registration fee for each piece.

Make checks payable to SCHAPERD.

Payment must accompany this form.

Mail Payment & Form to:

SCAPERD Office
1301 Columbia College Dr.
Columbia, SC 29203

Videos, forms, lyrics, and costume picture must be received by February 1, 2018

Dance Instructor's Name _____

School _____

School Phone (_____) _____ Time(s) Available _____

Home Phone (_____) _____ Time(s) Available _____

Email Address _____ @ _____

Title of Piece _____ Style _____

Title of Music _____ Lyrics? ____ Yes ____ No

Composer/Performing Group of Music _____

Length of Piece(exact) ____ minutes ____ seconds Dancers in costume on video? ____ Yes ____ No

Number of Dancers (minimum 5/maximum 20) _____ female _____ male

Name of Choreographer _____

Teacher ____ Student ____ Alumnus ____ Guest ____ (check one)

Dancer names must be on this form, not on an attached sheet. – Type or print legibly first name then last name in alphabetical order by last name. (e.g. Jane Adams, Joan Brown)

1.	11.
2.	12.
3.	13.
4.	14.
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8.	18.
9.	19.
10.	20.