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SOLO AND/OR SHOWCASE ROUTINES

Studio: _____

Gentleman: _____

Pro or Student (Please Circle)

Contact Person & Phone: _____

Lady: _____

Pro or Student (Please Circle)

Email: _____

NDCA#: _____

Please Mark: Daytime _____ Sunday Evening (part of Show Extravaganza) _____

Solo Routine(s): _____

Level: _____

Level: _____

Level: _____

Showcase Routine(s): _____

Level: _____

Level: _____

Level: _____