



“SO YOU THINK YOU CAN DANCE?” COMPETITION

MUSEUM STAGE, FRI., AUG. 24, 2018, 7:00 P.M.

\$20 Entry Fee should accompany the entry form

RULES & GUIDELINES

ENTRY DEADLINE – AUGUST 10th

1. Contest is open to all Dance Companies or solo dancers.
2. Dance numbers may consist of 1 to 20 members per routine.
3. Dance numbers must be CLEAN; Music for the routine must be CLEAN; no profanity, racist comments, alcohol, drugs or lewd behavior will be permitted. Must maintain “family friendly” atmosphere or you will be disqualified.
4. There is no limit on age of dance routine members.
5. All contestants will use the lighting/sound equipment provided. Sound engineer will be provided by Appalachian Fair.
6. Each dance number will have a maximum of 10 minutes to perform. Any routine exceeding 10 minutes will be disqualified. An official time keeper will be present.
7. A dance routine may drop a member, but may NOT add a member from the original entry form.
8. All dance routine members must be present 15 minutes prior to setup or automatic disqualification.
9. Each Dance routine will supply the Sound engineer with 2 copies of their music on CD for their performance. Write your Dance Company/Name and name of song on front of CD.

Categories for scoring *So You Think You Can Dance*:

- 1. Stage Presence**
- 2. Technique**
- 3. Showmanship**
- 4. Routine (choreography, music, costume, originality)**
- 5. Overall Performance**

1st Place \$500

2nd Place \$250

3rd PLACE \$100

Form may be mailed to Appalachian Fair, P. O. Box 8218, Gray, TN 37615

Faxed to: 423-477-3853 or E-mailed to: appfair@embarqmail.com (If faxing or e-mailing form include credit card information including the security code)



Forms available for download on-line at www.appalachianfair.com

“SO YOU THINK YOU CAN DANCE?” COMPETITION

Friday, August 24, 2018, 7:00 P.M.

\$20 entry fee should accompany form

(If paying with credit card include security code number)

Official Entry Form - Deadline for entry – August 10th

Name of Dance Company: _____

Contact Information: Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Contact E-Mail: _____

List Names of each Team Member:

PLEASE CHECK IF AGE IS 11 OR UNDER:

- | | |
|------------------|--------------------------|
| 1. Member _____ | <input type="checkbox"/> |
| 2. Member _____ | <input type="checkbox"/> |
| 3. Member _____ | <input type="checkbox"/> |
| 4. Member _____ | <input type="checkbox"/> |
| 5. Member _____ | <input type="checkbox"/> |
| 6. Member _____ | <input type="checkbox"/> |
| 7. Member _____ | <input type="checkbox"/> |
| 8. Member _____ | <input type="checkbox"/> |
| 9. Member _____ | <input type="checkbox"/> |
| 10. Member _____ | <input type="checkbox"/> |
| 11. Member _____ | <input type="checkbox"/> |
| 12. Member _____ | <input type="checkbox"/> |

(If more than 12 members please list names on the back of this form)

I/we have read the rules/guidelines governing the ***So You Think You Can Dance Contest*** and agree to abide by them.

Signature of Contact: _____

All entry forms must be submitted by August 10th. You will be contacted if selected.