

DANCE DEMONSTRATION REGISTRATION FORM

Member Association: _____

(Note: If selected, you must be a member of T.G.R.A. to represent T.G.R.A. at the IGRA Dance Competition.)

Dance Category: Couple Individual Line Dancer Open Dance Team

Dancer One: _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

It is okay to release this information to IGRA for dance-related purposes. Yes No

Dancer Two: _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Open Team Dance Name: _____

Name of Contact: _____

Address _____

City _____ State _____ Zip _____

Phone _____ # of Dancers (Minimum of 3) _____

Contact E-mail _____

It is okay to release this information to IGRA for dance-related purposes. Yes No

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COUPLES COMPLETE THIS SECTION

Division I (Advanced) []
Division II (Intermediate) []
Division III (Beginner) [] Standard Format () Pro-Am Format ()
Division IV (First Time) [] Standard Format () Pro-Am Format ()

Freestyle Song

Title: _____

Artist: _____

Tape [] CD []

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LINE DANCERS COMPLETE THIS SECTION

Division I (Beginner) [] Division II (Intermediate) []

Mail this entry form to;

TGRA
Attention: Dance
P.O. Box 100155
Fort Worth, Texas 76185