

United States Dance ChampionshipsSM

September 7th - 12th, 2026

Recognized by: The National Dance Council of America, Inc.

Team Performance Entry Form

Final Deadline for Entries: **August 4th, 2026**

Make checks payable to

American Ballroom Co. and mail to:

P.O. Box 4507, Palos Verdes Peninsula, CA 90274

Telephone: (310) 544-4636 Fax: (310) 544-1736

or visit www.UnitedStatesDanceChampionships.com

Fee: \$500

1. Fill in all requested information (please print or type). 2. Check the events you are entering, sign on reverse (required) and enclose your entry fee.

Name of Routine: _____ Type of Routine*: _____

Studio: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

*Example: Smooth/Ballroom Medley, Mixed Medley, Latin, etc.

Check box if you want to be on the mailing list

Late Fees: Postmark after August 4th - \$20 per person, after August 20th - \$50 per person.

Rules:

Teams must consist of a minimum of at least 4 dancers. Routines are limited to three (3:00) minutes (including walk-on & walk-off). Music must be on USB media or emailed to the music director, labeled with the group name & the name of the routine.

Please provide both First & Last Names of all dancers.

Full Name	Waiver Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

No entry will be accepted without payment in full. Payment may be made with a certified check, money order (in U.S. Dollars) or with VISA, or MASTERCARD (form on reverse). A 4% administrative fee will be charged for all credit card payments.

Admission Tickets - Please Use Admission Order Form

*All participants must be booked within the official United States Dance Championships hotel block and have their reservation linked to USDC. Reservations booked outside our block will incur an additional \$20 per entry fee. To avoid this fee, reference the United States Dance Championships when booking your reservation.

Note: Florida residents are exempt from this requirement.

Non USDC Room Rate Fee <i>(if applicable)</i>	\$
Event Fees	\$
Late Fees	\$
GRAND TOTAL DUE	\$
R# _____ PAYMENT	\$
BALANCE	\$

(over for release form & credit card authorization)

RELEASE AND AUTHORIZATION

Event Dates: September 7th - 12th, 2026

“In consideration of all goods and valuables, receipt of which is hereby acknowledged, the undersigned hereby irrevocably give and grant to American Ballroom Company the right to use, refer to and reproduce programs by means of video tape recordings (hereinafter referred to as “reproductions”), edited and arranged as you desire, using my name, voice, likeness, acts, poses, appearances and utterances as part of and in connection with my appearance on any program, and in any advertising, publicity and promotion in relation to your activities, the program and the products or services of any sponsor(s) thereof; and to exhibit, transmit, distribute, and otherwise use same as you desire in all fields and media throughout the world without limitations.

We agree that American Ballroom Company, Inc., any of their affiliates, subsidiaries and employees shall be free of any liability or claims arising from the production, exhibition, transmission, distribution or use of said programs.

All reproductions shall be your sole and exclusive property. We hereby forever release and discharge you of any and all liabilities, claims and demands, suit and actions which we ever had, now have, or may have based upon any agreements herein made. We shall defend, indemnify and hold you harmless from and against any and all claims, demands, losses, suits and expenses relating to this agreement. We agree that we have not and shall not accept any money or other valuable consideration for the inclusion in the program of any matter promoting any product or service.

This agreement is intended, among other things, to fulfill all requirements of the Civil Rights Law and of any and all other restrictions against violations of our so-called right of privacy.

The terms “you and your” and words of similar import, as herein used shall include you and your officers, directors, licensees, lessees, assigns, successors, affiliates, associates, subsidiaries and parents, and all other users of the reproductions, and their employees.

We warrant that we are over eighteen (18) years of age, or are the parents of Junior competitors, and have full right, power and authority to make this agreement. We understand that permitting us to appear on the program, you are acting in reliance upon this agreement.”

No responsibility for loss or theft of articles left in Changing Rooms, Ballrooms or Hotel Rooms can be accepted by the Organizer, or by the National Dance Council of America, Inc., and neither can they be held liable for injury sustained by persons attending this event. Everyone attending does so at his or her own risk.

All persons attending this event, whether as spectators, competitors, officials, or guests of the organizer, shall be bound by the National Dance Council of America, Inc. rules, and by participating in this event automatically become obligated to adhere to them.

REFUND POLICY: Please read policy regarding entry refunds contained in the syllabus.

TOP TEACHER PRIZE MONEY: Please go to www.unitedstatesdancechampionships.com for the most current prize money & qualifications.

► For Complete Rules & Regulations visit www.UnitedStatesDanceChampionships.com

We have read the Television and Loss Release and agree to its conditions. We have also read the Additional Rules for this competition and the refund policy listed in the official syllabus and agree to abide by these rules in addition to all NDCA rules governing this event.

Participants

Signature of Participant

Date

Signature of Participant

Date

Parent/Legal Guardian:

Signature of Parent/Legal Guardian

Date

(A 4% administrative fee will be charged for all payments made with credit card)

Subtotal: \$	4% Admin Fee: \$		
Please charge the total amount \$		to my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
Name on Card:			
Credit Card Number:	CVC:	Expiration Date:	
Billing Address:			
City:			
State/Country:			
Zip/Postal Code:			
Daytime Telephone Number:			
Fax:			
Signature of Card Holder:			