

# 2018 AAU Central Florida Dance Regional Championships



## CONTEST DIRECTORS:

Candice Dowdy (407) 617-9358 and Maria Cortes (407) 704-9977

**CONTEST DATE:** Saturday, April 14, 2018

**ENTRY DEADLINE:** Postmarked by March 23, 2018 (AAU Awards must be ordered)

*Entries received after this date will be charged a late fee of \$5.00 per event not to exceed \$20.00*

**TIME:** Doors open at 7:00am; Contest will begin promptly at 8:00am

**CONTEST LOCATION:** East River High School, 650 East River Falcons Way, Orlando, FL 32833

**DON'T MISS OUT ON OUR SCHOLARSHIP OPPORTUNITIES!!!**

**ALL events will be your competitive age as of  
December 31, 2018.**

## AAU MEMBERSHIP IS NOT REQUIRED TO PARTICIPATE IN ALL EVENTS.

- Participants who **ARE** AAU Members receive
  - Eligibility to win a scholarship and the Academic All American Award
  - A discounted facility fee
  - Eligibility for a bid to participate in the 2018 Junior Olympic Games
- AAU membership is not included as part of the entry fee to the event.
- AAU membership must be obtained **BEFORE** the competition begins in order to receive benefits. Participants are encouraged to visit the AAU web site [www.aausports.org](http://www.aausports.org) to obtain their membership.
- This event is licensed by the Amateur Athletic Union of the U. S., Inc.

# GENERAL CONTEST INFO:

- **DANCE RULES:** The 2018 Dance Rulebook will be used for all divisions.
- **MEMBERSHIP:** All athletes (solo and team) are not required to be AAU members. Those who are must provide AAU Membership numbers with submission of entry forms. AAU membership **MUST BE OBTAINED** prior to submitting entry (**NOTE AGES 18+:** Membership is not instant so please allow several days to process).
- **DOOR ADMISSION AND PROCESSING FEES:** There will be a \$20 facility/processing fee for all AAU Members in solo events. Non AAU Members will pay \$28. No door fee will be charged for spectators; the facility fee will be in place of a door fee. All solo participants should pay the fee with their solo entry. **NEW THIS YEAR:** There is **NOT** a separate processing fee for team members; only for those doing solo events.
- **PAYMENT:** Make checks payable to: Candice Dowdy. All fees due with entries by March 23, 2018. \$30 Returned Check Fee. No refunds on entry fees or credits to other competitions will be given. If you register online, you can pay through PAYPAL sent to [britestartwirlers@gmail.com](mailto:britestartwirlers@gmail.com). There will be a service fee of 3%.
- **TEAM ROSTERS:** All directors must submit one roster for each team entry entered. Rosters should also be provided at "on-deck" check in for each routine the day of the competition.
- **CHANGES TO ENTRIES:** The contest director reserves the right to make any changes necessary. No changes by contestants may be made once an entry is received. **ONLY** errors made by the contest director will be corrected the day of the contest. **NO ENTRIES WILL BE ACCEPTED THE DAY OF THE CONTEST.**
- **PROGRAM BOOKS:** Programs will be sold for \$5.00 each at the check-in/awards table. All solo participants will need a program in order to know lane assignments.
- **FOOD:** A concession stand will be provided during the day. No outside food or drink is allowed in the facility.
- **MUSIC:** All team and solo events that require music must submit a CD of your music with your entry form (CD's will be returned at check-in). You may also email the music director an MP3 file to [kemericau@gmail.com](mailto:kemericau@gmail.com) by the March 23<sup>rd</sup> entry deadline. Music will be placed on a laptop to be played through the sound system at the contest. Team directors and Solo Dancers should also bring two forms of back-up copies of your music (i.e. ipod, CD) to the contest in case a back-up is needed. The music director at the contest will be available at 7:15am the day of the contest for individuals and team directors to check their songs on the playlist.
- **WAIVERS:** A waiver must be signed and returned with entry for every participant in the competition (solo and team members). Participants will not be allowed to participate unless a form has been properly filled out and signed by parent/legal guardian/self.

## ORDER OF EVENTS

### SATURDAY:

- 7:00am Gym Opens; Contest Starts 8:00am
- All Solo Events
- All Team Events
- Team awards announced during afternoon
- Final Awards Presentation at end of day

All athletes are **REQUIRED** to be in **COMPETITION ATTIRE** for each awards ceremony.

*AAU Dance Solo/Team Awards for all events that ARE NOT championships will be posted as they are available; pick up awards at head table. Directors pick up team awards.*

## CENTRAL FLORIDA SOLO DANCE EVENTS

*NEW THIS YEAR.... Dancers wishing to do solo, must enter the AAU Solo Category corresponding to the type of solo they are performing (Jazz/Lyrical, Hip Hop, Modern/Contemporary, Pom). They will then have the option to add the CENTRAL FLORIDA DANCE CHAMPIONSHIP category for an additional fee. The Championship division is divided by age only.*

**AGE DIVISIONS:** 0-6, 7-9, 10-12, 13-15 16-18, 19-22

**CONTEST AGE:** AGE AS OF 12-31-18

**TIME LIMIT:** 1 ½ min to 2 ½ min max

### **COST:**

First Solo Dance Event Only.... \$25 -or-

First Solo Dance Event PLUS Central Florida Dance Championship Event.... \$50

Additional Solo Dance Events.... \$25 each

### **SOLO DANCE CATEGORIES:**

Jazz/Lyrical, Hip Hop, Modern/Contemporary, and Pom

# CENTRAL FLORIDA DANCE TEAM EVENTS

**AGE DIVISIONS:** 0-6 (Tot ), 7-9 (Juvenile), 10-13 (Junior), 14 -18 (Senior), 19-22 College (University/College), 23+ (Adult)

**CONTEST AGE:** AGE AS OF 12-31-18

**TEAM SIZES (All Teams Except Production):** Extra-Small (2-3), Small (4-9), Large (10-19), Extra-Large (20+)

**PRODUCTION TEAM SIZE:** 10+

**LEVELS:** Recreational (no more than 1 ½ hrs in studio per wk), Competitive (more than 1 ½ hrs in studio per week), School Team

**COST:** \$12.50 each person (per routine) ..... NO FACILITY FEE THIS YEAR ON TEAM EVENTS.

**AWARDS:** Each team member receives a custom AAU medal; results posted; directors pick up team awards

**TIME LIMITS:** 1 ½-3 min (all teams except production); 6-8 min (production)

**DANCE RULES:** Will follow 2018 AAU Dance Rules.

**DANCE TEAM EVENTS:**

Pom, Jazz, Lyrical, Modern/Contemporary, Hip Hop, Kick, Musical Theater/Character, Novelty, Mix, Production

## AWARDS

### AAU Dance Events:

- Official AAU Medals for Individual and Team events.
- Results Posted for each event; awards can be picked up at awards table. Directors pick up team awards.
- Solo Events: AAU Medals for 1st -3rd Place
- Team Events: AAU Medals for 1<sup>st</sup>-3<sup>rd</sup> place.  
Each Team member receives a medal/ribbon.

### Dance Championship Event:

- Awards presented at end of each session.
- Trophies & Championship T-Shirt for 1<sup>st</sup> Place; 2<sup>nd</sup>-3<sup>rd</sup> Trophies

### Academic All-American Recipients:

- Custom Medal and Certificate

## DANCE SPECIAL AWARDS

These awards are presented AT NO ADDITIONAL CHARGE to the selected individuals/teams that take part in the AAU Central Florida District Championship. Award winners selected by judges. Awards presented at end of each session.

### AWARD CATEGORIES:

- Outstanding Choreography
- Dancer of the Year
- Star of Tomorrow
- Team of the Year

**AWARDS:** Custom plaque awarded to individual/team

## HOTELS IN ORLANDO, FL

- Holiday Inn Express Hotel & Suites: Orlando East UCF Area, 12250 East Colonial Drive, Orlando FL 32826 Tel #: 407-203-8595
- Comfort Suites: UCF/Research Park Area, 12101 Challenger Parkway, Orlando FL 32826 Tel #: 407-737-7303
- Best Western: 8750 East Colonial Drive, Orlando FL 32817 Tel #: 407-282-3900

## CENTRAL FLORIDA ACADEMIC ALL-AMERICAN AWARD

Applications for the 2018 Central Florida Academic All-American Dance Award are attached in this entry packet. This award recognizes athletes for their academic achievements. It is open to all athletes that enter either the solo or team portion of the contest. Award Recipients will be announced at the competition, and winners will be able to pick up their awards the day of the competition. Applications must be mailed with entry. NO ENTRY FEE

**Award:** Custom Certificate and Medal



# CENTRAL FLORDIA CHAMPIONSHIP T-SHIRT ORDER FORM

PLEASE MAIL WITH SOLO OR TEAM ENTRY FORM; MUST BE POSTMARKED BY MARCH 23

ATHLETE'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_



***NEW THIS YEAR.....  
CUSTOM T-SHIRT WITH  
FRONT & BACK DESIGN!!!!!!***

SHIRT COLOR: BLACK  
FRONT DESIGN: AS SHOWN ON LEFT BACK  
DESIGN: AAU Dance Super Regional  
April 14, 2018

## CHAMPIONSHIP T-SHIRT ORDERS

Select Size	Size	Cost
	Youth Small 6-8	\$20
	Youth Medium 10-12	\$20
	Youth Large 14-16	\$20
	Adult Small	\$20
	Adult Medium	\$20
	Adult Large	\$20
	Adult X-Large	\$20
	Adult 2XL	\$22
TOTAL QUANTITY:		TOTAL COST:

NOTE: ADD TOTAL AMOUNT OF SHIRT ORDER TO ENTRY FORM  
Be sure to include this form with your entry.

**SHIRTS CAN BE PICKED UP AT THE CHECK-IN TABLE UPON ARRIVAL AT THE COMPETITION.**



## CENTRAL FLORIDA & FLORIDA STATE WAIVER

PLEASE MAIL WITH SOLO OR TEAM ENTRY FORM; MUST BE POSTMARKED BY MARCH 23

A WAIVER MUST BE COMPLETED BY EACH PERFORMER (SOLO AND TEAM)  
ONE WAIVER PER PERSON. WAIVERS MUST BE RECEIVED WITH ENTRY.

DIRECTORS: Please photocopy this for team members.

**NOTE: PARTICIPANTS WILL NOT BE ALLOWED TO PERFORM UNLESS A WAIVER HAS BEEN PROPERLY FILLED OUT AND SIGNED BY PARENT/LEGAL GUARDIAN/SELF.**

ATHLETE'S NAME: \_\_\_\_\_ COMPETITION DATE: April 14, 2018

I, the undersigned or parent/guardian, do hereby give permission for the athlete named above to participate in the AAU Central Florida Baton and Dance Championships. I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of injuries, damages or loss that I or my minor child may sustain as a result of participating in any activities connected with or associated with this competition.

I, further release and hold harmless the Contest Director & Staff, AAU Central Florida Dance/Baton Twirling, East River High School and its officers, agents, servants, employees and representatives, from any claims for injury, illness, or loss that may be sustained

I, understand and will be responsible for any medical bills that may be incurred on behalf of my daughter/son/self for physical illness or injury they may be sustained during the competition. The competition and its representatives reserve the right to send any participant/attendee to a hospital for diagnosis and treatment, with the parent/guardian assuming full responsibility and costs.

I, give permission for images of the athlete/myself to be captured during the competition to be used without further compensation to the athlete or myself. Images and videos may be used in promoting the competition and future events, press releases to local media, and internet/social media sites pertaining to AAU, AAU Dance, and AAU Central Florida Baton Twirling.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

\_\_\_\_\_  
Parent/Guardian Signature  
-or- Competitor's Signature (if over 18)

\_\_\_\_\_  
Date

### IMPORTANT MEDICAL INFORMATION:

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Name of Emergency Contact and Relationship

Medications Currently Taking: \_\_\_\_\_

Allergies: \_\_\_\_\_



# CENTRAL FLORIDA DANCE TEAM ENTRY

## ROSTER PAGE

**TEAM ROSTER MUST ACCOMPANY THIS ENTRY FORM...SEE TEAM**

Please complete **ONE** entry and roster **PER TEAM**, not per routine. All team members listed on roster must be participating in all routines listed on this entry page. For each routine that uses **DIFFERENT** performers, complete a different entry form and roster page.

TEAM NAME: \_\_\_\_\_ NO. OF MEMBERS: \_\_\_\_\_ TEAMS AVERAGE AGE: \_\_\_\_\_

COACH: \_\_\_\_\_ EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ TEXTING: YES NO

STUDIO NAME: \_\_\_\_\_ ADDRESS (City/State/Zip): \_\_\_\_\_

### AVERAGE AGES TO DETERMINE TEAM AGE

DANCE TEAMS	# OF MEMBERS	SIZE				AVERAGE AGE	TEAM AGE						TEAM TYPE			TITLE OF MUSIC
		Extra Sm 2-3	Sm 4-9	Lg 10-19	Extra Large 20+		Tot 0-6	Juvenile 7-9	Junior 10-13	Senior 14-18	Collegiate 19-22	Adult 23+	Recreational	Competitive	School Team	
\$12.50 per member/per routine																
Pom																
Jazz																
Lyrical																
Modern/Contemporary																
Hip Hop																
Kick																
Musical Theater/Character																
Novelty																
Mix																
Production		10+ (One Size)											ALL			

### TOTAL DANCE TEAM AMOUNT DUE:

	# of Members	Cost	Amount
ROUTINE #1		x \$12.50 ea	
ROUTINE #2		x \$12.50 ea	
ROUTINE #3		x \$12.50 ea	
ROUTINE #4		x \$12.50 ea	
ROUTINE #5		x \$12.50 ea	
GRAND TOTAL OF ALL ROUTINES FOR THIS TEAM:			

**MAKE CHECKS PAYABLE TO: Candice Dowdy**

**MAIL TO: Candice Dowdy, 522 Hallowell Circle  
Orlando, FL 32828**

ENTRY FEES MUST ACCOMPANY ENTRY. ENTRIES MUST BE POSTMARKED BY  
**MARCH 23, 2018 (NO LATE ENTRIES ACCEPTED)**





# CENTRAL FLORIDA DANCE SOLO ENTRY

NAME: \_\_\_\_\_ DATE OF BIRTH (M/D/Y) \_\_\_\_\_ AGE AS OF 12-31-18: \_\_\_\_\_ AAU MEMBERSHIP NUMBER: \_\_\_\_\_

ADDRESS (City, State, Zip): \_\_\_\_\_ PARENT GUARDIAN NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ TEXTING: YES NO

COACH: \_\_\_\_\_ STUDIO/TEAM: \_\_\_\_\_ COACH'S PHONE: \_\_\_\_\_ COACH'S EMAIL: \_\_\_\_\_

**ATHLETE'S T-SHIRT SIZE:** (Need size for all competitors for Championship Title Award Shirts) Circle:    YS    YM    YL    AS    AM    AL    AXL

## Central Florida Dance Solo Events

<b>First Dance Solo</b> \$25 Solo Only or \$50 Solo & Championship	<b>Circle Style of Dance for First Solo</b> Jazz/Lyrical                      Hip Hop Modern/Contemporary        Pom  <b>Circle Event/Price For First Solo</b> \$25 Solo Only    or    \$50 Solo and Championship  <b>Title of Music:</b>		
<b>Additional Solo Events</b> \$25 Each	<b>Category</b>	<b>Select</b>	<b>Song Title</b>
	Jazz/Lyrical		
	Modern/Contemp		
	Hip Hop		
	Pom		

<b>Total of Solo Dance Entry :</b>	
<b>Facility Fee- AAU Member</b> <b>(Required): \$20</b>	
<b>Facility Fee- Non-Member</b> <b>(Required): \$28</b>	
Amount of Ad(s) Purchased:	
\$ of T-Shirts Ordered:	
<b>Grand Total Due:</b>	
<i>ENTRY FEES MUST ACCOMPANY ENTRY.</i> <i>ENTRIES MUST BE POSTMARKED BY MARCH 23,2018</i> <b>(NO LATE ENTRIES ACCEPTED)</b>  <b>MAIL TO: CANDICE DOWDY, 522 HALLOWELL CIRCLE, ORLANDO, FL 32828</b> <b>MAKE CHECKS PAYABLE TO: CANDICE DOWDY</b>	

# 2018 AAU CENTRAL FLORIDA BATON & DANCE *ACADEMIC ALL-AMERICAN AWARD* *APPLICATION*



We are proud to announce that we are accepting applications for the  
***2018 Central Florida Baton and Dance Academic All-American Award.***

This award will recognize athletes competing in the AAU Central Florida Baton-Dance Championships on April 14, 2018 in Orlando, FL for their excellence in academics as well as their athletics. Central Florida Baton and Dance would like to honor those top academic athletes and congratulate them on their success with an All-American certificate & medal.

Every athlete competing in the 2018 Central Florida Baton & Dance Championships is eligible to apply for this award. Athletes **MUST** show high academic standings in the quarters/semester that they have already taken part in during the 2017-2018 academic school year. Athletes must also take part in either team or solo events for baton and/or dance at this year's Regional. All grades (Elementary, Jr. High, Sr. High, and College) are eligible to apply for this award.

After completing the first portion of the form, athletes must then turn into their coach/instructor who will then verify the information on the form. Solo athletes should return application with their solo entry; athletes competing only in team events should turn into the director for them to mail with team entries.

## **RETURN APPLICATIONS TO:**

**Candice Dowdy, AAU Central Florida Baton & Dance District Director**  
522 Hallowell Circle, Orlando, FL 32828

The deadline for submission is postmark **March 23, 2018.**

**Applicants must enclose a photo (wallet to 5x7 size) with  
their application. Name on back of photo.**

The District Director will review all applications with the help of a committee and the recipients will be announced at the 2018 Central Florida Competition on April 14. Winners will also be announced on the AAU Central Florida Baton-Dance Facebook Page. All recipients will receive their All-American award at the 2018 Central Florida Competition on April 14.

**IF YOU WOULD LIKE TO APPLY FOR THE ACADEMIC ALL-AMERICAN AWARD PLEASE COMPLETE THE FORM ON THE NEXT  
PAGE AND TURN IN WITH YOUR ENTRY.**



# ***2018 Central Florida Baton and Dance Academic All-American Application***

## **PERSONAL INFO: (TO BE COMPLETED BY ATHLETE)**

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AAU Membership Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please circle the types of event(s) you competed in at this year's competition: SOLO TEAM

Please circle the sport(s) you competed in at this year's competition: BATON DANCE

## **SCHOOL INFO: (TO BE COMPLETED BY ATHLETE/PARENT)**

Grade (for 2017-2018 School Year): \_\_\_\_\_ Name of School: \_\_\_\_\_

City/State of School: \_\_\_\_\_

Please mark quarters you have been named to the **ACADEMIC** Honor Roll for the 2017-2018 School Year: \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup>

GPA (for Jr. and Sr. High Students): \_\_\_\_\_ GPA Scale: \_\_\_\_\_

Class Rank (for Jr. and Sr. High Students): \_\_\_\_\_ out of \_\_\_\_\_

If your school uses a different form of an academic grading scale, please list as much information as possible in regards to your academic standing based on the system they use: \_\_\_\_\_

In a few sentences explain why you feel you should be honored with an AAU Central Florida Baton & Dance Academic All-American Award?

*Please write legibly, clearly and concise. Additional papers or academic resume can be attached to this application if needed.*

\_\_\_\_\_  
**Signature of Athlete**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

## **COACH INFORMATION AND VERIFICATION: (TO BE COMPLETED BY COACH/INSTRUCTOR)**

Coach/Instructor Name: \_\_\_\_\_ Studio Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To my knowledge the information provided by the student is correct: YES NO

\_\_\_\_\_  
**Signature of Coach/Instructor**

\_\_\_\_\_  
**Date**