

# NDA NATIONAL CHAMPIONSHIP

Caribe Royale Orlando | Orlando, Florida | March 6-8, 2020



Dear Coach,  
Please list EACH Participant competing with your organization, as well as their respective Performance Categories. This information must be completed and submitted to NDA at the time of registration. It must also be confirmed, authorized and approved by your institution's Principal or School District in order for your team to compete. Please PRINT or TYPE - make additional copies as needed.

TEAM NAME: \_\_\_\_\_ EVENT ATTENDING: \_\_\_\_\_

*Note: Certain Categories only available for select age groups or grades. Please refer to your Division page when choosing a Category.  
If Performer is an Alternate in a Division Category, please denote by putting an "A" in the appropriate box.*

PARTICIPANT NAME		GRADE	POM	JAZZ	HIP HOP	TP	KICK	GMD	TOTAL ROUTINES PER PARTICIPANT
EX.	SUSIE HERKIMER	10	X	X		A			2
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
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17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

I certify that all the above listed Participants meet the eligibility requirements of \_\_\_\_\_ (school) to be a member of the team participating. MUST BE SIGNED AND AUTHORIZED BY PRINCIPAL OR SCHOOL DISTRICT'S OFFICE.

SIGNATURE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_  
TITLE \_\_\_\_\_

DATE \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_