

2024 The 40th Annual TCAAT Line Dance Competition

Official Entry Form for LINE DANCE

www.tcaat.org www.cldaa.org Email: support@cldaa.org

第 40 屆華運會排舞比賽

有鑑於排舞在世界各地已成了一項全民運動,華運會本著舞蹈亦是運動的宗旨,特別由華運會主辦,美國加州排舞協會第 10 次協辦排舞大賽。讓灣區喜愛排舞運動的朋友們可以藉此機會大展身手,以舞會友。

比賽日期: July 13, 2024 (SAT) 1:30pm ~ 4:00pm。

比賽地點: 金山灣區華僑文教中心 100 S. Milpitas Blvd, Milpitas, CA 95035 TEL: 408-747-0394

比賽費用: 報名費每隊三十元。

比賽規則: 一, 每隊參賽者人數三人或以上。

若以舞蹈學校, 公司行號, 機關名義組隊報名, 最多不可超過二隊。

二, 音樂 Due on July 6th, 2024 to be emailed or uploaded to a link to be provided。

三, 比賽舞步一至四面, 每面至少三十二拍。

四, 每隊比賽時間三至五分鐘。

五, 每位參賽者最多只能參加二隊

比賽評分: 舞蹈: 基礎, 整齊度, 技術, 表演型態 -----40%

舞碼: 舞碼選擇, 難易度, 編排 -----30%

服裝造型: 主題配合, 團隊精神, 整體表現 -----30%

報名截止日期 June 27, 2024 (THU), 收前二十隊報名, 額滿即止。

Team Drawing Date June 27, 2024 (THU) at CLDAA HQ

262 E. Gish Road San Jose CA 95112 TEL: 408-453-9119

獎項: 第一名獎金\$300.00, 第二名獎金\$200.00, 第三名獎金\$100.00, 最佳精神獎, 最佳創意獎, 最佳人氣獎, 最佳默契獎, 最佳動作劃一獎, 最佳服裝造型獎及最龐大隊伍獎共十名, 並頒發獎杯一座。名次於比賽當日公佈及頒獎。華運大會 www.tcaat.org 及美國加州排舞協會 www.cldaa.org 保留更改之權利。前三名得獎團體得在華運會當天參與舞台表演。

ORGANIZATION/GROUP _____

CONTACT PERSON _____ EMAIL _____

MAILING ADDRESS _____

CITY/STATE _____ COUNTRY/ZIP _____

PHONE _____ CELL _____

CLUB AFFILIATION _____ INSTRUCTOR _____

NAME OF DANCE _____

SONG _____ ARTIST _____

ENTRY FEE \$30.00 per team. Send this form with check payable to "CLDAA"

Address: 262 E. Gish Road San Jose CA 95112

Note 1: No refunds after registration except for cancellation of the events.

Note 2: Team Captains are to report to CLDAA HQ (262 E. Gish Road, San Jose CA 95112) on 8PM, June 27, 2024 (THU) to submit dance music and do team drawing.

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CLDAA and TCAAT reserves the right to post all photos for the TCAAT dance awards webpage.

CONTESTANTS & WAIVER

WAIVER: I am voluntarily participating in the year 2024 Chinese American Athletic Tournament of the San Francisco Bay Area. The tournament administrators/CLDAA cannot hold the responsibility for any illness, or injury sustained as result of participating in the games, attending the games, or traveling to or from the games. I hereby agree that the games or its administrators shall not hold or be liable for any such illness or injury. (If a player is under the age of 18, a parent or guardian must sign the waiver).

CONTESTANTS: (Print names and **initial** below to acknowledge and agree to the waiver terms above.)

| Contestant Name | Initial | Contestant Name | Initial |
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TOTAL Numbers of Contestants _____

Waiver Signature, Team Captain (Sign and Date)

_____ **Date** _____

Waiver Signatures for minors:

| Parent or legal Guardian's signature | Minor's Name (Print) | Date |
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