



IBS Presents BALLET PRODIGY 2012 ▪ The Global Virtual Ballet Competition

ENSEMBLE Registration Form

Please, FAX the Registration Form to one of the FAX numbers

TOKYO: +81-3-4496-4764 ▪ NEW YORK: +1-212-504-3246 ▪ VIENNA: +43-1-253-03330017

BALLET PRODIGY, 590 Madison Avenue, 21st Floor, New York, NY 10022 USA

E-mail: admin@ibsbp.org ▪ Website: www.ibsbp.org ▪ Telephone: +1-212-504-3246 ▪ Fax: +1-212-504-3246

Please, use the ENSEMBLE Registration Form for DUO ▪ TRIO ▪ ENSEMBLE 1 (4 to 9 Dancers) ▪ ENSEMBLE 2 (10 + Dancers of any size Ensemble)

Please, duplicate these pages for the data of additional number of Dancers of the Ensemble.

DUO <input type="checkbox"/>	TRIO <input type="checkbox"/>	ENSEMBLE 1 <input type="checkbox"/>	ENSEMBLE 2 <input type="checkbox"/>	Total Number of Dancers:	Form Page Number:	
Ballet School Name						
Director: First Name		Middle Name	Last Name			
Address						
City			State/Region			
Zip/Postal Code			Country			
Telephone		Fax	Mobile			
E-mail			Website			
Ballet Entry Title						
					Time Length	
Choreography by			Staged by			
Ballet Teacher			Ballet Coach			
1. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
2. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
3. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
4. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
5. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
PARTICIPATION FEE — ALL INCLUSIVE — Includes All Communication, Processing and Participation Costs. Non-Refundable.						
DUO / TRIO: USD \$125 per dancer		ENSEMBLE 1: USD \$100 per dancer		ENSEMBLE 2: USD \$75 per dancer		
* Payment Method — International — Bank Wire Transfer — Bank Wire Transfer Information:						
Swift Code: WFBIUS68 Bank Name: Wells Fargo Bank Account: ABA #: 121000248 Account #: 2000059162476						
Bank Account Holder: International Ballet Society Bank Account Address: 590 Madison Avenue, 21st Floor, New York, NY 10022 USA						
Bank Branch Address: 420 Montgomery Street, San Francisco, CA 94104 For: Registration						
* Payment Method — USA Only — Check, on USA Bank, or Money Order: Payable to: International Ballet Society 						
Mail to: BALLET PRODIGY, 590 Madison Avenue, 21st Floor, New York, NY 10022 Telephone: +1-212-504-3246						
Please, FAX a signed copy of the attached Release Agreement with your Registration Form.						
Signature: Ballet School Director or Parent/Guardian					Date	
For Office Use Only						
Date Received			Note			



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ENSEMBLE Registration — Dancer Information Form

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Ballet School Name

Form Page Number:

1. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
2. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
3. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
4. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
5. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
6. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
7. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
8. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
9. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
10. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age

For Office Use Only

Date Received

Note



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Release Agreement

>> Each Dancer of the ENSEMBLE must fill out and sign a separate RELEASE AGREEMENT <<

I, parent or guardian of _____, who is _____ years old (the "Contestant"), authorize International Ballet Society ("IBS Presents"), a non-profit USA organization, the presenter of the BALLET PRODIGY The Global Virtual Ballet Competition, to use written materials bearing the name, audio recordings of, and/or audio/visual recordings of the Contestant (collectively, the "Works") in connection with the IBS Presents BALLET PRODIGY The Global Virtual Ballet Competition (the "Competition"), and to use such Works in any media (through exhibition, distribution, reproduction, publication, advertising, promotion, or otherwise), whether now know or hereafter developed, which may include the Contestant's name, signature, likeness, image, voice, and/or performances (collectively the "Materials").

IBS Presents may edit such Works as it desires and may use the Works or excerpts therefrom in any way. IBS Presents may use the Works and the Materials to promote and utilize the Works and for related purposes of advertising or trade. On behalf of the Contestant, I hereby waive all rights under privacy, publicity, defamation, and proprietary right relating to the recordings. IBS Presents may transfer or license any of it's rights hereunder.

This is a non-exclusive, perpetual and irrevocable license.

I acknowledge that the Contestant is competing to receive cash and other prizes in the Competition. I will not hold IBS Presents liable for the breach of any agreement previously made or herein made as a result of the Contestant's participation in the Competition or related events.

I represent that I am the legal guardian and/or parent of the Contestant and that I have the right, power and authority to enter into this Release Agreement, on behalf of the Contestant, I release, indemnify, and hold IBS Presents, its licensees, successors, and assignees harmless against all claims, liabilities, and expenses arising out of the breach of any of my representation or promises. I have read and understand the terms and conditions of this Release Agreement.

Name of Parent/Guardian (please, print): _____

Signature of Parent/Guardian: _____ Date _____