



IBS Presents BALLET PRODIGY 2012 ▪ The Global Virtual Ballet Competition

PAS DE TROIS 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

Each PAS DE TROIS competitor must submit separate Registration Form, and will be evaluated individually.

In the PAS DE TROIS category, a male dancer as classical partner — above age 19 — is permitted to participate as a Non-Competitor.

Competitor <input type="checkbox"/>				Non-Competitor <input type="checkbox"/>	
Dancer: First Name					
		Middle Name		Last Name	
Date of Birth:	Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Ballet School Name					
Director: First Name		Middle Name		Last Name	
Ballet Teacher			Ballet Coach		
Ballet School Contact Information:					
Address				City	
State/Region		Zip/Postal Code		Country	
Telephone		Fax		Mobile	
E-mail			Website		
Dancer Contact Information					
Address				City	
State/Region		Zip/Postal Code		Country	
Telephone		Fax		Mobile	
E-mail					
Ballet Entry Information					
Title: Classical PAS DE TROIS — Adagio and Coda					
Partner 1: First Name		Middle Name		Last Name	
Partner 2: First Name		Middle Name		Last Name	
PARTICIPATION FEE: USD \$175 PER DANCER— ALL INCLUSIVE — Includes All Communication, Processing and Participation Costs. Non-Refundable.					
* 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 the Registration Form.					
Signature: Ballet School Director or Parent/Guardian				Date	
For Office Use Only		Date Received		Note	



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Release Agreement

>> Each Dancer of the PAS DE TROIS 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 _____