



2025 Professional Championship

Studio: _____ Contact #: _____ E-mail: _____

Please fill in to receive confirmation by email

Leader (Printed Name): _____ NDCA#: _____

Follower (Printed Name): _____ NDCA#: _____

Professional Open Championship Division

American Smooth Open	American Rhythm Open	International Ballroom Open	International Latin Open
<input type="checkbox"/> Open Smooth W,T,FT,VW	<input type="checkbox"/> Open Rhythm C, R,SW,B,M	<input type="checkbox"/> Open Standard W,T,VW,FT,QS	<input type="checkbox"/> Open Latin C,S,R,PD,J

Professional Showdance/Cabaret Division

Please, name the dance:

Professional Rising Star Division

Rising Star American Smooth	Rising Star American Rhythm	Rising Star International Ballroom	Rising Star International Latin
<input type="checkbox"/> Open Smooth W,T,FT,VW	<input type="checkbox"/> Open Rhythm C, R,SW,B,M	<input type="checkbox"/> Open Standard W,T,VW,FT,QS	<input type="checkbox"/> Open Latin C,S,R,PD,J

ALL PERSONS ATTENDING THIS EVENT INCLUDING SPECTATOR, COMPETITOR, OFFICIAL, STUDIO EMPLOYEE, OR GUEST OF THE ORGANIZERS SHALL BE BOUND BY THE NDCA RULES AND BY PARTICIPATING IN THIS EVENT, AUTOMATICALLY BECOME OBLIGED TO ADHERE TO THEM. THE ORGANIZERS OF THE ATLANTA OPEN DANCESPORT CLASSIC & THE HOTEL ACCEPT NO RESPONSIBILITY FOR ANY LOSS OR THEFT OF ARTICLES LEFT IN THE CHANGING ROOMS OR BALLROOM OR FOR ANY LOSS OR INJURY SUSTAINED BY PERSONS ATTENDING THIS EVENT. THE UNDERSIGNED HEREBY EXPRESSLY AND IRREVOCABLY WAIVES ANY CLAIM OR CLAIMS ARISING OR INCURRED AT THIS EVENT. YOUR SIGNATURE BELOW CONSTITUTES YOUR CONSENT, ACKNOWLEDGEMENT, AND UNDERSTANDING OF THIS WAIVER.

Professionals must sign form in order to participate.

Leader (Signature): _____ Follower (Signature): _____ Date: ____ / ____ /20__