



**2022 NATIONAL SHAG
 DANCE CHAMPIONSHIPS**
PRELIMS: JANUARY 28 & 29—2022
FINALS: MARCH 10, 11 & 12—2022
www.shagnationals.com
MASTERS DIVISION



FEMALE CONTESTANT
PLEASE PRINT CLEARLY!

MALE CONTESTANT
PLEASE PRINT CLEARLY!

Name _____
Street Address _____
City _____ **State** _____ **Zip** _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-Mail _____

Name _____
Street Address _____
City _____ **State** _____ **Zip** _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-Mail _____

Please Print Clearly!

Please Print Clearly!

Profession (not Company) _____
Married ____ **Single** ____ **Children** ____
Past Number of Years Entered in Nationals _____

Profession (not Company) _____
Married ____ **Single** ____ **Children** ____
Past Number of Years Entered in Nationals _____

Enclosed is my Entry Fee of \$75.00 payable to the National Shag Dance Championships (NSDC). We understand and agree that photographs and video may be released to News Media and may be used for promotional purposes and for use by the National Shag Dance Championships, Inc. and its Sponsors. We have read, understood, and will abide by the NSDC Rules and Regulations.

MASTERS DANCE ON FRIDAY & SATURDAY NIGHTS ONLY!

Female ____ I am or will be 49 years of age and our combined age is or will be at least 99 years by March 10, 2022
 Male ____ I am or will be 50 years of age and our combined age is or will be at least 99 years by March 10, 2022

Entry deadline for this Division is November 30, 2021. We prefer all correspondence be sent to Female ____ Male ____ or Both _____. A confirmation of the receipt of your application will be emailed to you. You may mail your application and entry fee (by check only—no credit cards) or mail your check and email your application. Our email address is nationalshag@gmail.com and our mailing address is NSDC, 5111 N. Kings Hwy, Myrtle Beach, SC 29577.

I hereby declare that I am participating in this dance contest of my own free will and hold the NSDC, Inc., and/or its Sponsors blameless of any accident or injury which may occur.

Signature _____
Date _____

Signature _____
Date _____

NSDC USE ONLY	DATE RECEIVED _____	DATE FEE RECEIVED _____
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