



# USA Dance

## US National Governing Body of DanceSport

### DanceSport Council

#### REINSTAMENT APPLICATION

*Professionals Seeking Eligibility To Register As DanceSport Athletes*

Note: Teaching Ballroom dancing with or without material gain is not a factor in the approval process to be eligible for DanceSport Athlete status. Information on teaching background is required for general purposes only.

Submitted By:		Date:	
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Please print or type

PLEASE COMPLETE ALL QUESTIONS AND ITEMS IN DETAIL. APPLICATIONS CANNOT BE CONSIDERED UNLESS ALL ITEMS ARE COMPLETED AND THE APPLICATION IS SIGNED.

1. How long did you teach ballroom or related dancing?

Total Years: \_\_\_\_\_ Months: \_\_\_\_\_

2. Are you teaching at the present time? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Please describe **all** your teaching experience: (use additional sheet if necessary)

Studio Name:		Owner(s):		
City:		State:		
Start Date	End Date	Avg Number Lessons Taught Wkly	Highest Level Taught*	Styles Taught**

Studio Name:		Owner(s):		
City:		State:		
Start Date	End Date	Avg Number Lessons Taught Wkly	Highest Level Taught*	Styles Taught**

\*Levels: Newcomer, Beginner, Intermediate, Pre-Bronze, Bronze, Silver, Gold, Open, etc.

\*\*Styles: Social, American, International, Swing, Round Dancing, Country Western, Hustle, Square, etc.

4. Did you pass any professional exams? YES\_\_\_\_\_ NO\_\_\_\_\_ If yes, give details below.

Examining Organization	Level/Style	Date

5. Please give details of the highest levels of training received. (use additional sheet if required)


6. Did you compete as the Professional partner in a Pro/Am or Student/Teacher competition of any kind? YES\_\_\_\_\_ NO\_\_\_\_\_ If yes, list all competitions: (use additional sheet if necessary)

Competition	Month/Year	Category	Level	Style	Placement

7. Did you compete as a professional with a professional partner? YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, name(s) of professional partner: \_\_\_\_\_

8. If yes, list all competitions in which you competed.(use additional sheet if necessary)

Competition	Date	Category*	Level**	Placement	Semi Final Danced? yes/no

\*Category: International, American; Standard, Smooth, Latin, Rhythm

\*\*Level: Rising Star, Championship

9. Why do you want to be eligible to be registered as a DanceSport Athlete?


10. Have you publicly declared yourself (verbal or written) to be a professional?  
YES\_\_\_\_\_ NO\_\_\_\_\_

11. Have you read the Eligibility Criteria for Amateur DanceSport Competitors?  
YES\_\_\_\_\_ NO\_\_\_\_\_

12. Do you believe that you meet the criteria in all respects?  
YES\_\_\_\_\_ NO\_\_\_\_\_

13. If the answer to #12 is NO, Please (a) identify which you do not meet and (b) include an explanations to why the DanceSport Council should still consider your application for eligibility.


14. When did you cease your professional activities? Date: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Phone Cell: \_\_\_\_\_

Phone Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Return Form via email to:**

Sterling Sighthler, Chair  
USA Dance DanceSport Rules Committee  
Email: [ds-rules@usadance.org](mailto:ds-rules@usadance.org)