

International Association of Gay/Lesbian Country Western Dance Clubs

Application for Recognition of a Dance Competition being conducted by a non-IAGLCWDC member organization

| Events for which recognition | Date of Application: | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| is being requested (check all that apply): | | | | | | | | | | | |
| CouplesTeamsIndividual Line Dance | NOTE: An application fee of \$100 USD must accompany this application. See Section H for instructions. | | | | | | | | | | |
| Date(s) of Competition: | | | | | | | | | | | |
| Date(s) of Competition: | | | | | | | | | | | |
| Section A – Organization Information (please print legibly) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: State/Province: Co | ountry: Zip/Postal Code: | | | | | | | | | | |
| E-Mail: Websi | ite: | | | | | | | | | | |
| Section B - Contact Person (please print legibly) | | | | | | | | | | | |
| Name: Tit | le: | | | | | | | | | | |
| Address: | Phone: | | | | | | | | | | |
| City: State/Province: Co | ountry: Zip/Postal Code: | | | | | | | | | | |
| E-Mail | | | | | | | | | | | |
| Note: Signature is required in Section I on the second page of this application. | | | | | | | | | | | |
| Section C – Dance Floor (minimum 30 feet by 40 feet) | | | | | | | | | | | |
| Size: | | | | | | | | | | | |
| Construction:parquet4x8 plywood other: | | | | | | | | | | | |
| Section D – Sound System | | | | | | | | | | | |
| Description: | | | | | | | | | | | |

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Section E – Organization Agrees To:

- Support the IAGLCWDC's open-to-all policy.
- Use IAGLCWDC pre-selected music (Couples Competition).
- Use IAGLCWDC pre-selected dances and music (Line Dance Competition).
- Use IAGLCWDC-sanctioned judges and follow the selection process as outlined in the IAGLCWDC Competition Guidelines.
- Use IAGLCWDC name and logo on all publications regarding the event.
- Provide the IAGLCWDC with a follow up report which will include the names and contact information of all competitors and a list of final placements in all dances, divisions, and categories.
- Abide by all IAGLCWDC Dance Competition Rules for each event requested on this application.

Section F – Benefits Received After Approval of Recognition

- Event listing on the IAGLCWDC website.
- Access to list of sanctioned judges.
- Access to list of previous competitors.

Section G – Disclaimers and Limitations

- In the event that recognition is granted, such recognition does not constitute an endorsement of the organization or its activities by the IAGLCWDC or its member clubs.
- Recognition, when granted, is on an event-by-event basis. Applications for recognition of recurring events (such as annual or semiannual) must be submitted separately.
- The IAGLCWDC is not obligated to publicize the recognized event anywhere except to list the event on its own website among other recognized dance competitions.

Section H – Filing Instructions and Description of the Recognition Process

- To allow ample time for committee review and IAGLCWDC delegate approval, this application must be filed the EARLIER of
 - (1) 45 days prior to the IAGLCWDC annual or semiannual convention immediately preceding your event, or
 - (2) 6 months prior to your event.
- The dance committee may request that an authorized agent of your organization attend the convention and meet personally with the committee and the IAGLCWDC delegates.
- Mail this form, along with an application fee of \$100 USD payable to "IAGLCWDC", to the following address:

Kevin Cornett, IAGLCWDC Director of Dance 3443 Mahanna St, Apt 1302 Dallas, TX 75209, USA

$Section \ I-Signature \ (\texttt{please print legibly, then sign})$

| PLEASE | COMPLETE | ALL | ITEMS, | EVEN | ΙF | IT | IS | THE | SAME | AS | THE | CONTACT | PERSON. | THANK YOU. | |
|---------|-----------------|-----|--------|------|----|----------|----|-----|------|------|------|------------------|---------|------------|--|
| Name: | | | | | | | | | Ti | tle: | : | | | | |
| Address | Phone: | | | | | | | | | | | | | | |
| City: _ | State/Province: | | | | | Country: | | | | | | Zip/Postal Code: | | | |
| E-Mail | | | | | | | | | | | | | | | |
| Signati | ıre | | | | | | | | | | Date | e | | | |