



BATD HIGHLAND CHRISTMAS FESTIVAL 2025 DANCES (Sat., Dec. 6th, 2025)

PRIMARY	Fling (4) _____	Sword (2&1) _____	PDB's _____	PDB'S & H/C'S _____
BEGINNERS	Fling (4) _____	S.T. (3&1) _____	Lilt (4) _____	
NOVICE	Fling (4) _____	S.T. (3&1) _____	Lilt (4) _____	
INTERMEDIATE	Fling (4) _____	S.T. (3&1) _____	Lilt (4) _____	
PREMIER	Fling (4) _____	S.T. (3&1) _____	Barracks (4) _____	

*Irish Jig (3&1) Intermediate _____ Age: _____

*Hornpipe (4 steps) Premier _____ Age: _____

*(Intermediates **only** dance Jig and Premiers **only** dance Hornpipe)

PREMIER REEL TEAMS: Strathspey and Reel of Tulloch (team entry)

(dancers can compete in 1 reel

team only)

BROADSWORD TEAMS:

(4 dancers only – Premier dancers only)

SCOTTISH CHOREOGRAPHY DANCES:

*Solo _____ (not to exceed 1 ½ mins.) ***WE ARE LIMITING OUR SOLOS TO FIRST 25 ENTRIES**

PLEASE SUBMIT ALL CHOREOGRAPHY MUSIC PRIOR TO NOV. 17th (SEE RULES FOR FURTHER DETAILS)

Duet _____

****Group** _____

(not to exceed 3 mins)

****GROUP CHOREOGRAPHY TO HAVE A CHRISTMAS THEME TO CELTIC MUSIC**

Group will consist of 3 or more dancers (unless entry warrants for a Trio section) to

a max. of 10 dancers in a group.

Substitutes: _____

If entries warrant in Choreography sections, groups are split by age but not by category.

ENTRY FEE:

PRIMARY \$ _____ (\$25)

BEG/NOV/INTER/PREMIER (3 dances) \$ _____ (\$30)

INTER'S Irish Jig \$ _____ (\$8)

PREMIER Hornpipe \$ _____ (\$8)

PREMIER REEL TEAMS \$ _____ (\$8 per dancer = \$32)

BROADSWORD TEAMS \$ _____ (\$8 per dancer = \$32)

CHOREOGRAPHY: **Solo** \$ _____ (\$10) **FIRST 25 ENTRIES WILL BE ACCEPTED**

Duet \$ _____ (\$10 per dancer)

Group (XMAS THEME) \$ _____ (\$10 per dancer)

FAMILY ADMISSION \$ 3.00

SCOTDANCE CAN. SURCHARGE \$ 1.00

LATE FEE (after Nov. 17th) \$ 10.00

TOTAL: \$ _____ (payable BATD Toronto District)

I hereby, for myself, my heirs, executors & administrators waive and relieve any and all rights and claims for damages against the BATD Tor. District, their agents and representatives as well as the AY Jackson Secondary School for any injuries that may be suffered by me in the events to be held Sat., Dec. 6th, 2025 at the AY Jackson Secondary School

SIGNATURE OF PARENT, GUARDIAN OR ENTRANT IF OVER 18 YEARS OF AGE:

DATE: _____

DANCERS NAME: _____ AGE (as of Dec.6th, 2025) _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE # _____ EMAIL ADDRESS _____

*(TEACHERS NAME): _____ BATD # _____

DANCER'S SCOTDANCE # _____

***MUST HAVE TEACHERS NAME AND TEACHERS CURRENT BATD NUMBER LISTED**

