



12th

**SOUTH AFRICAN REGIONALS
INTERNATIONAL BALLET COMPETITION**

2025

COMPETITION REGISTRATION NOW OPEN: Until 31 January 2025

EVENT RUNS:

Rustenburg, North West: 15 February 2025

Gqeberha, Eastern Cape: 22 February 2025

Bloemfontein, Free State: 1 March 2025

Polokwane, Limpopo: 8 March 2025

Johannesburg, Gauteng: 2 March 2025

Gaborone, Botswana: 12 April 2025

Durban, KZN : 17 May 2025

REVISED AGE CATEGORIES:

8-12 (SCHOLAR) 13-16 (JUNIOR)

COMPETITION QUALIFIER (CLASSICAL SECTION) IN 1 ROUND WITH ONE SOLO OR PAS DE DEUX (SAME SOLO / PAS DE DEUX TO BE PERFORMED AT THE 12TH SAIBC IF QUALIFIED, WITH A NEW SOLO TO BE PERFORMED AT FINALS)



@saiballetcomp



SA International Ballet Competition



@SAIBalletComp

EVENT TO INCLUDE:

Feedback from members of the Jury

Qualification / Entry to 12th SAIBC 2025 (if qualified)

Awards, overall regional winners will receive a flight ticket and accommodation to 12th SAIBC

GUIDELINES:

CATEGORIES:

- 1 classical repertoire solo OR 1 classical pas de deux.
- AND 1 contemporary solo (2 minutes) (NOT COMPULSORY)
 - *Please note in these Categories males and female dancers will be judged as individuals.*

NB: PLEASE NOTE THIS FORM HAS TO BE SUBMITTED FOR ALL CATEGORIES BY 31 JANUARY 2025

AGES/AGE ON 01 FEBRUARY 2025: (Original Ballet Repertoire, Contemporary solo)

- *Scholars– 9 to 12 years (All Countries)*
- *Juniors – 13 to 16 years (All Countries)*
- *Senior – 17 to 22 years (All Countries)*

● VIDEO & SOUND:

- If no access to a studio, participants may submit a contemporary solo *only*, filmed at any place.
- Videos must be filmed from the front and in one take from start to finish and without any splicing or altering.
- Video to be filmed IN A STUDIO OR ON A STAGE.
- Competition videos are acceptable as long as they show NO OTHER COMPETITION BRANDING on the video.
- Video quality and formatting:
 - Up to 1080p, anything below is also acceptable.
 - Size: Up to 1GB, anything above that and the video clips must be uploaded in parts, or the quality should be reduced.
 - Format: The following formats are supported:
 - **(.mp4 only)**
 - LIVE/ON STAGE entries, **(mp3 music only)**
- Videos must be clearly marked with the participant/s name/s, title of work and date recorded:
 - *Name, Surname, Title of Work, Recorded date.*
- The Jury's decisions will be final, and no correspondence will be entered into.
- Non-participating partners permitted. All partners are required to submit their own entry.

CLOSING DATE FOR APPLICATION DOCUMENTATION AND FEE: 31 JANUARY 2025

REGISTRATION FEE: Scholars/Juniors/Seniors: **R200 per dancer.**

ENTRY FEE ADDITIONAL CATEGORIES:: R100 per dancer per solo.

ENTRY FORM

- Please visit www.saibc.com for all additional information pertaining to the SAIBC 2025 event i.e., Eligibility, Rules and Regulations, Guidelines and Application Form.
- Please type or print responses in all sections of the Application Form. (Entries open)
- Failure to provide all the required information as well as a correctly signed Application Form, could result in applications being disregarded.
- The SAIBC reserves the right to determine which applicants are accepted.
- Successful applicants will be notified via email of the SAIBC's decision.
- **NB! Please provide one head-shot and one dance photo with your entry form.**

Completed Application Form to be emailed to: badenhorstdirk.db@gmail.com

SAIBC contact details:

Telephone: +27 83 324 0949

Email: badenhorstdirk.db@gmail.com

Website: www.saibc.com

Banking details:

- a. *Bank*: Standard Bank
- b. *Swift code*: SBZAZAJJ
- c. *Name*: South African International Ballet Competition
- d. *Account Number*: 070660611
- e. *Branch Code*: 02090900
- f. *Type*: Cheque Account

Manual Entry Form:

1. Please select all the categories you are entering below:

Female or Male: ☐ Female ☐ Male

Ballet Solo: ☐

Contemporary Solo: ☐

2. PERSONAL DETAILS

Given Last Name (Surname/Family name):

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Given First Name:

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Country of Residence:

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Telephone (e.g. +country code + city code + number):

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Email:

.....

Date of Birth (year/month/day): Age **on 31 JANUARY 2025**:

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Nationality (as per Passport):

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Province : _____

3. RELEASE FORM

Each participant in the 2025 SAIBC Regionals must sign the following release. If the participant is under twenty-one (21) years of age, the undersigned parent or legal guardian consents to the release and agrees to fulfil the provisions set forth herein.

To: South African International Ballet Competition

By signing the application and release form, I consent to you, your assignor, or your licensee, broadcasting or recording (by photographs, films, tape or otherwise) my participation and/or my voice in all interviews, rehearsals, performances and all related activities whatsoever in connection with the 2025 South African International Ballet Competition. I further consent to your using same to be incorporated into programme(s) for exploitation throughout the world, with no limitations on time. Additionally, you hereby have the right to use (and license others to use) my name and footage of my participation to publicise and advertise the programme(s) or such other similar usage(s), but not as an endorsement of any product or service. I further warrant that you have the explicit right to use for the above limited purposes all choreography and music used in my dance performance herein.

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Competitor's Signature (Do not type or print) Date:.....

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Parent or Legal Guardian's Signature (Do not type or print)Date:.....

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Parent or Legal Guardian's Address:

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4. APPLICANT’S AGREEMENT

By signing this application, applicants waive all rights to royalties and payments for participation in the South African International Ballet Competition, its Finals and Gala, and hold the South African International Ballet Competition harmless from any claim concerning their participation in the Event. In addition, by signing this application the applicant agrees to be bound by all of the Rules, Regulations and Procedures of the South African International Ballet Competition.

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Competitor's Signature (Do not type or print) Date:.....

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Parent or Legal Guardian's Signature (Do not type or print)Date:.....

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Parent or Legal Guardian's Address:

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5. PROGRAMME TO BE PERFORMED

Classical Repertoire (select your entry type): ☐ Solo Variation

Title of work:

Choreographer:

Composer:

Studio & Teachers:

Performance Duration:

Please send your music clearly labelled with your name, category and section

Contemporary (select your entry type): ☐ Solo

Title of work:

Choreographer:

Music Composition:

Studio & Teachers:

Performance Duration:

Please send your music clearly labelled with your name, category and section

Attach Head-shot (please ensure the file name is your name and age category)

Attach Dance Photo (please ensure the file name is your name and age category)