



Greek Hall of Fame 2010 Entry Form

Year he/she became a member of the fraternity/sorority	
Name <i>(full legal name)</i>	
Year he/she became a member of the fraternity/sorority	
Name <i>(full legal name)</i>	
Year he/she became a member of the fraternity/sorority	
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Name <i>(full legal name)</i>	

Entry Policy

Entry Deadline- The entry form, video, and fee must be submitted and paid in full by the entry deadline in order to participate. Entries are due by 11:59:59 PM (ET) on February 28, 2010. If entries are received after the entry deadline, all entry documentation (including fee) will be returned within 30 days. No entries will be accepted after the deadline.

Cancellation- In the event that you or your team need to cancel your entry, you must contact Shake It Up, Incorporated @ www.shakeitupinc.com prior to the entry deadline (11:59:59 PM (ET) on February 28, 2010). Shake It Up, Incorporated will not provide a refund of fees or return the entry form or video submitted, if cancelled. You do have the option to apply the paid fee towards another entry for Shake It Up Incorporated Greek Hall of Fame 2010 or Shake It Up Incorporated Greek Hall of Fame 2011.

Official Rules and Regulations- By submitting the materials in the contest for entry, you represent and warrant to Shake It Up, Incorporated that you have read and agree to abide by all items listed in the Rules and Regulations section found on the Shake It Up Incorporated website (www.shakeitupinc.com).

Policy Agreement must be signed before your registration will be processed.

I, *(Please sign or type name here)* _____ have read the Shake It Up, Incorporated, entry policy in its entirety. I understand I am financially responsible for this entire entry fee. I agree to abide by the policies stated.

Entry Fees

Individual Entry - \$5.95 per entry/per person/per style category/per division

Team Entry - \$15.95 per entry/per team/per style category/per division

	Total number allowed per Entry Form	X	Category	or	Category	Total
Entry	1	X	<input type="checkbox"/> Individual \$5.95	or	<input type="checkbox"/> Group \$15.95	

Payment

Payments made via a check or money order can be made payable to Shake It Up, Inc.

All entry materials can be mailed to:

Shake It Up, Inc.

Greek Division

20 W. Palisade Ave., Suite 2202

Englewood, NJ 07631

Please indicate the payment type;

Check or money order enclosed in the amount of \$ _____

Credit Card Payment in the amount of \$ _____

Card Type: Visa Master Card American Express Discover

Card Number: _____

CVN (3 digit number located on the back of card): _____

Exp. Date (mm/yy): _____

Address of Cardholder (if different than contact person):

I, *(Please print)* _____ authorize Shake It Up, Inc. to charge my credit card in the amount of \$ _____.

Thank you for entering in the 1st annual Shake It Up Greek Hall of Fame 2010!!!!