



# UCWDC Benelux Open 2024

## Line Dance & Team Registration Form 30 Aug-1 Sep 2024



**Please fill out this form in Adobe Reader® on your PC or Mac before you print and sign.**

All contestants must Pre-Register, purchase a full Event Pass and have Payment received by the registrar by **August 14th 2024**.

**Important:** A Contestant may enter any Division for which they qualify during the Dance Season. Every Contestant must complete a separate Registration Form. **UCWDC Associate Membership must be current in order to compete at the UCWDC Benelux Open!**

Female:  Male:

Competitor - First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ UCWDC No.: \_\_\_\_\_

<b>Classic Line Dance Competition</b>					
<b>Newcomer:</b>	<b>Novice:</b>	<b>Intermediate:</b>	<b>Advanced:</b>	<b>Age:</b>	
<input type="checkbox"/> Pulse	<input type="checkbox"/> Rise & Fall	<input type="checkbox"/> Rise & Fall	<input type="checkbox"/> Rise & Fall	<input type="checkbox"/> Primary (-9)	<input type="checkbox"/> Crystal (30+)
<input type="checkbox"/> Cuban	<input type="checkbox"/> Pulse	<input type="checkbox"/> Pulse	<input type="checkbox"/> Pulse	<input type="checkbox"/> Youth (10-13)	<input type="checkbox"/> Diamond (40+)
<input type="checkbox"/> Street/Stage	<input type="checkbox"/> Cuban	<input type="checkbox"/> Smooth	<input type="checkbox"/> Smooth	<input type="checkbox"/> Teen (14-17)	<input type="checkbox"/> Silver (50+)
	<input type="checkbox"/> Street/Stage	<input type="checkbox"/> Cuban	<input type="checkbox"/> Cuban	<input type="checkbox"/> Open (18+)	<input type="checkbox"/> Gold (60+)
		<input type="checkbox"/> Street/Stage	<input type="checkbox"/> Street		<input type="checkbox"/> Platinum (70+)
			<input type="checkbox"/> Stage		

<b>Showcase Line Dance Competition</b>					
<b>Check Dances:</b>			<b>Age:</b>		
<input type="checkbox"/> Rise & Fall	<input type="checkbox"/> Smooth	<input type="checkbox"/> Street	<input type="checkbox"/> Youth (10-13)	<input type="checkbox"/> Open (18+)	<input type="checkbox"/> Diamond (40+)
<input type="checkbox"/> Pulse	<input type="checkbox"/> Cuban	<input type="checkbox"/> Stage	<input type="checkbox"/> Teen (14-17)	<input type="checkbox"/> Crystal (30+)	<input type="checkbox"/> Silver (50+)

<b>Star Line Dance Competition</b>					
<b>Division:</b>			<b>Check Dances:</b>		
<input type="checkbox"/> RisingStars	<input type="checkbox"/> SuperStars	<input type="checkbox"/> Crown	<input type="checkbox"/> Dance A	<input type="checkbox"/> Dance B	<input type="checkbox"/> Medley
	<input type="checkbox"/> SuperStars Plus	<input type="checkbox"/> Crown Plus			

<b>Choreography Competition</b>						
Send your Step Descriptions with your Competitor Registration Form!						
	Country		Non-Country			Choreography Name:
	New/Nov:	Int/Adv:	New/Nov:	Int/Adv:	ABC:	
1.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you are competing with more than 5 choreographies use the "Note" field at the bottom of this registration form.						

<b>Team Competition</b>					
Send your Music Description: Time, Song, Artist!					
<b>Team Name:</b> _____		<b>Team Division (3 and more):</b>		<b>Age:</b>	
<input type="checkbox"/> Member	<input type="checkbox"/> Captain	<b>Line Dance</b>	<b>Partner Dance</b>	<input type="checkbox"/> Combo	<input type="checkbox"/> International
		<input type="checkbox"/> Country	<input type="checkbox"/> Country	<input type="checkbox"/> Cabaret	
		<input type="checkbox"/> Open	<input type="checkbox"/> Open		<input type="checkbox"/> Junior (-17)

<b>Other</b>
<input type="checkbox"/> Showtime

**Note** in Acrobat Reader®: the font size adapts to the length of the text

