



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.: _____

Social Line Dance Competition (Non UCWDC)					
Check Dances:	Age:				
<input type="checkbox"/> Dance A	<input type="checkbox"/> Primary (-9)	<input type="checkbox"/> Teen (14-17)	<input type="checkbox"/> Crystal (30+)	<input type="checkbox"/> Silver (50+)	<input type="checkbox"/> Platinum (70+)
<input type="checkbox"/> Dance B	<input type="checkbox"/> Youth (10-13)	<input type="checkbox"/> Open (18+)	<input type="checkbox"/> Diamond (40+)	<input type="checkbox"/> Gold (60+)	
<input type="checkbox"/> Dance C					

Classic Line Dance Competition					
Newcomer:	Novice:	Intermediate:	Advanced:	Age:	
<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"/> Smooth	<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"/> Cuban	<input type="checkbox"/> Smooth	<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"/> Cuban	<input type="checkbox"/> Open (18+)	<input type="checkbox"/> Gold (60+)
<i>For Newcomer & Novice: Check UCWDC Homepage, which Motions will offered.</i>				<i>only Newcomer & Novice:</i> <input type="checkbox"/> Platinum (70+)	
<input type="checkbox"/> Street/Stage	<input type="checkbox"/> Street/Stage	<input type="checkbox"/> Street/Stage	<input type="checkbox"/> Street		
<input type="checkbox"/> Stage	<input type="checkbox"/> Stage	<input type="checkbox"/> Stage	<input type="checkbox"/> Stage		

Showcase Line Dance Competition					
Check Dances:	Age:				
<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+)

Star Line Dance Competition					
Division:	Check Dances:				
<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				

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

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

Other
<input type="checkbox"/> Showtime

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

