

REGISTRATION- STARMOVES CHAMPIONSHIP 2017

OPEN CATEGORY

Closing date: 22th February 2017

By fax to (+49) 711-217207799 or by email to contest@starmoves.net

Please fill in the form in WORD document

Full name of the person in charge for the registration:

Address: _____

Contact

Phone: _____

Email: _____

Country: _____

Soloists

Category SOLO FREESTYLE JUNIOR

Number of solo dancers: _____

Category SOLO FREESTYLE ADULTS

Number of solo dancers: _____

Groups

Group Small ADULT (3-8 participants)

1) Number of group members: _____

Name of the group: _____

2) Number of group members: _____

Name of the group: _____

Group Small JUNIOR (3-8 participants)

1) Number of group members: _____

Name of the group: _____

2) Number of group members: _____

Name of the group: _____

IMPORTANT:

Please enter the name and the date of birth of each individual participant into the provided Excel table – send this table as an open file to contest@starmoves.net.

Name of the coach/supervisor/person in charge on-site:

(1 coach/supervisor per max. 19 people can attend the event free of charge)
