

**CR OPEN DANCE FEST  
WHEELCHAIR DANCERS INTERNATIONAL**

Please send registration form to [inscripcion@cropendancefest.com](mailto:inscripcion@cropendancefest.com) music:  
[musica@cropendancefest.com](mailto:musica@cropendancefest.com)

**Deadline without penalty: September 10th, 2024.**

Studio:	
Studio Owner:	
Teacher Name:	
Email:	
Phone:	
Country:	

**Marque con una X en la casilla de la izquierda la categoría en la que se va a participar**

<input type="checkbox"/>	<b>Individuals</b>
<input type="checkbox"/>	<b>Couple</b>
<input type="checkbox"/>	<b>Combi</b>

<b>Individuals:</b> <input type="checkbox"/> Vals <input type="checkbox"/> Tango <input type="checkbox"/> Samba <input type="checkbox"/> Rumba <input type="checkbox"/> Jive
<b>Standard:</b> <input type="checkbox"/> Vals <input type="checkbox"/> Tango <input type="checkbox"/> V. Viennese <input type="checkbox"/> Slow Foxtrot <input type="checkbox"/> Quickstep
<b>Baile Estilo Latino:</b> <input type="checkbox"/> Samba <input type="checkbox"/> Cha Cha <input type="checkbox"/> Rumba <input type="checkbox"/> Paso Doble <input type="checkbox"/> Jive
<input type="checkbox"/> <b>Exhibition</b>

**DANCERS DATA**

Nº	Full Name	Date of birth			Age
1					
2					

I hereby declare that i have read and understood Rules and Regulations of FECOBADE

DATE: \_\_\_\_\_

SIGN: \_\_\_\_\_