



Couple	Partner / Man		Partner / Lady	
Surname / Name				
Date of birth dd/mm/year				
EVENTS				
Combi Standard				
Combi Latin				
Combi Freestyle				
Duo Standard				
Duo Latin				
Duo Freestyle				
Single Conventional				
Single Freestyle				
Class 1-2 (please indicate)				
Wheelchair user (please, indicate who)				
SDMS				
NPC:		·		
Address:				
Contact person:				
Telephone:		E-mail:		

Amateur Declaration Statement according to the clause 3.3 of the 2018 WPDS Rules and Regulations:

"I confirm that I am not: a National Coach, Team Leader or Adjudicator. I also confirm that I am not a Professional Standing Dancer and that if I once was I am now retired and have not competed as a Professional Standing Dancer for at least one (1) consecutive year"

Athletes' signature:

Date:			
Signature and stamp:	()	
National Paralympic Committee or relevant organization, endorsed by NPC.			

The **Entry Form** should be sent by e-mail no later than **July 1st 2024 to the LOC and WPDS**. E-mail: <u>kspillane@rimfoundation.org</u> and <u>Info@WorldParaDanceSport.org</u>