

Teacher's Name _____ NDCA# _____ DOB _____ SS# _____
 Teacher's Email _____ Tel _____
 Student's Name _____ NDCA# _____ DOB _____ Gender _____
 Student's Email _____ Tel _____
 Studio Name _____ Tel _____ Email _____
 Address _____ City/State _____ Country _____ Zip _____

Age Categories (Please "X" All that apply)

P1 (under 9)	<input type="checkbox"/>	P2(10-11)	<input type="checkbox"/>	J1(12-13)	<input type="checkbox"/>	J2(14-15)	<input type="checkbox"/>	Y(16-18)	<input type="checkbox"/>	AA1(16+)	<input type="checkbox"/>
A1(19-35)	<input type="checkbox"/>	A2(36-50)	<input type="checkbox"/>	B1(51-60)	<input type="checkbox"/>	B2(61-70)	<input type="checkbox"/>	C1(71-80)	<input type="checkbox"/>	C2(81+)	<input type="checkbox"/>

Closed Levels	Int. Ballroom						Int.Latin					Am. Smooth					Am. Rhythm				
	Proficiency	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	WV	PB	C	R	SW	B	M
Newcomer	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	WV	PB	C	R	SW	B	M
Pre Bronze	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	WV	PB	C	R	SW	B	M
Intermediate Bronze	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	WV	PB	C	R	SW	B	M
Full Bronze	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	WV	PB	C	R	SW	B	M
Pre Silver	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	WV	PB	C	R	SW	B	M
Intermediate Silver	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	WV	PB	C	R	SW	B	M
Full Silver	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	WV	PB	C	R	SW	B	M
Open Levels	Int. Ballroom						Int.Latin					Am. Smooth					Am. Rhythm				
Full Bronze	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	VW	PB	C	R	SW	B	M
Full Silver	PR	W	T	VW	FT	QS	C	S	R	PD	J	W	T	FT	VW	PB	C	R	SW	B	M

Please Make Checks Payable To: ULTIMATE DANCESPORT CHALLENGE | Fax all forms and reservations to: (610) 884-7762
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