

# Italian Country Western Dance Classic COMPETITION FORM 2018

**No entries will be accepted if received after April 1, 2018  
PLEASE PRINT CLEARLY AND USE CAPITAL LETTERS.  
Couple don't forget to complete your partner personal information.**

Name : \_\_\_\_\_ Partner Name : \_\_\_\_\_  
 Address : \_\_\_\_\_ Email : \_\_\_\_\_  
 \_\_\_\_\_ U.C.W.D.C. Number : \_\_\_\_\_ DOB : \_\_\_\_/\_\_\_\_/\_\_\_\_  
MANDATORY DD / MM / YYYY  
 City : \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_ Signature : \_\_\_\_\_  
 Country : \_\_\_\_\_ Phone : \_\_\_\_\_  
 Email : \_\_\_\_\_  
 U.C.W.D.C. Number : \_\_\_\_\_ DOB : \_\_\_\_/\_\_\_\_/\_\_\_\_  
MANDATORY DD / MM / YYYY  
 Signature : \_\_\_\_\_

Female  Male

**all Competitors must purchase a "Competitor pass".**

LINE DANCE COMPETITION																																																								
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COUPLE COMPETITION	
<b>Classic</b>	
<input type="checkbox"/> Prim IV	<input type="checkbox"/> Teen III
<input type="checkbox"/> Prim III	<input type="checkbox"/> Teen II / I
<input type="checkbox"/> Prim II / I	<input type="checkbox"/> Gold IV
<input type="checkbox"/> Youth IV	<input type="checkbox"/> Gold III
<input type="checkbox"/> Youth III	<input type="checkbox"/> Gold II / I
<input type="checkbox"/> Youth II / I	<input type="checkbox"/> Silver IV
<input type="checkbox"/> Teen IV	<input type="checkbox"/> Silver III
<input type="checkbox"/> Silver II	<input type="checkbox"/> Crystal II
<input type="checkbox"/> Silver I	<input type="checkbox"/> Crystal I
<input type="checkbox"/> Diamond IV	<input type="checkbox"/> Open IV
<input type="checkbox"/> Diamond III	<input type="checkbox"/> Open III
<input type="checkbox"/> Diamond II	<input type="checkbox"/> Open II
<input type="checkbox"/> Diamond I	<input type="checkbox"/> Open I
<input type="checkbox"/> Crystal III	
<b>Showcase</b>	
<input type="checkbox"/> Teen (14-17)	<input type="checkbox"/> Open
<input type="checkbox"/> Diamond (40+)	
<b>CHECK DANCES</b>	
<input type="checkbox"/> Triple Two	<input type="checkbox"/> Night Club
<input type="checkbox"/> Polka	<input type="checkbox"/> Cha Cha
<input type="checkbox"/> E.C.S.S.	<input type="checkbox"/> Two Step
<input type="checkbox"/> W.C.S.S.	
<b>Masters Classic, Masters Showcase, Crown</b>	
<input type="checkbox"/> MASTERS	<input type="checkbox"/> CROWN
<b>Classic:</b>	
<input type="checkbox"/> Triple Two	<input type="checkbox"/> Polka
<input type="checkbox"/> Night Club	<input type="checkbox"/> Cha
<input type="checkbox"/> Waltz	<input type="checkbox"/> TwoStep
<input type="checkbox"/> ECS	<input type="checkbox"/> WCS
<input type="checkbox"/> ShowDance	
<b>Showcase:</b>	
<input type="checkbox"/> Two Step	<input type="checkbox"/> Waltz
<input type="checkbox"/> Solo/Medley	

PRO-AM & PRO-PRO COMPETITION		
<b>Pro-Am Classic</b>		<b>Spotlight</b>
<b>Age</b>	<b>Level</b>	<b>Special Divisions</b>
<input type="checkbox"/> Primary	<input type="checkbox"/> Crystal	<input type="checkbox"/> Newcomer
<input type="checkbox"/> Youth	<input type="checkbox"/> Diamond	<input type="checkbox"/> Platinum New.
<input type="checkbox"/> Teen	<input type="checkbox"/> Silver	<input type="checkbox"/> Platinum Nov.
<input type="checkbox"/> Open	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum Inter/Adv.
<input type="checkbox"/> Advanced		
<b>Pro-Pro II</b>		<b>Pro-Pro I</b>
<b>Classic</b>	<b>Showcase</b>	<b>Classic</b>
<input type="checkbox"/> Teen	<input type="checkbox"/> Open	<input type="checkbox"/> Open
<input type="checkbox"/> Open	<input type="checkbox"/> Diamond	<input type="checkbox"/> Diamond
<input type="checkbox"/> Diamond		<input type="checkbox"/> Diamond
<b>Pro-Am Showcase</b>		
<b>Age</b>		
<input type="checkbox"/> Youth	<input type="checkbox"/> Open	
<input type="checkbox"/> Teen	<input type="checkbox"/> Diamond	
<b>NOTE PRO'S NAME(S) ; CHECK DANCES</b>		
Pro 1 UCWDC N° : _____		Pro 2 UCWDC N° : _____
<b>Classic</b>		<b>Classic</b>
<input type="checkbox"/> TripleTwo	<input type="checkbox"/> NightClub	<input type="checkbox"/> TripleTwo
<input type="checkbox"/> Waltz	<input type="checkbox"/> E.C.S.S.	<input type="checkbox"/> NightClub
<input type="checkbox"/> Polka	<input type="checkbox"/> Cha Cha	<input type="checkbox"/> Waltz
<input type="checkbox"/> Two Step	<input type="checkbox"/> W.C.S.S.	<input type="checkbox"/> E.C.S.S.
<input type="checkbox"/> W.C.S.S.		<input type="checkbox"/> Polka
		<input type="checkbox"/> Cha Cha
		<input type="checkbox"/> Two Step
		<input type="checkbox"/> W.C.S.S.

TEAM COMPETITION	
Name _____	
<input type="checkbox"/> Member	<input type="checkbox"/> Captain
<b>Teams(3 &amp; more)</b>	
<input type="checkbox"/> Open	<input type="checkbox"/> Junior (- 18)
<input type="checkbox"/> Diamond (+ 40)	
<input type="checkbox"/> Team Line	<input type="checkbox"/> Team Partner
<input type="checkbox"/> Combo	<input type="checkbox"/> Cabaret
<b>Send your music description : time, song, artist</b>	
<b>Other</b>	
<input type="checkbox"/> Showtime	

CHOREOGRAPHY COMPETITION	
<b>Country</b>	
<input type="checkbox"/> New/Nov Nb: _____	<input type="checkbox"/> Int/Adv Nb: _____
<b>NON - Country</b>	
<input type="checkbox"/> New/Nov Nb: _____	<input type="checkbox"/> Int/Adv Nb: _____
<b>ABC</b>	
<input type="checkbox"/> ABC Nb: _____	
<b>Professional</b>	
<input type="checkbox"/> Professional Nb: _____	