

PLEASE INDICATE CATEGORY: SOLO_____ AMATEUR COUPLE_____ SINGLE WITH ASSISTANT_____

STUDIO:_____ CITY:_____ PROVINCE OR STATE:_____

EMAIL:_____ TEL:_____

GENTLEMEN:_____ NDCC#:_____

LADY:_____ NDCC#:_____

PLEASE CIRCLE DANCES, LEVEL AND AGE

LEVEL / AGE	0 - 6	7 - 10	11 +
Debutant	WT WQ WC CR CS CJ PJ	WT WQ F V W CR CS SR PJ	WT WQ F V W CR CS SR PJ
Pre - Bronze	WT WQ WC CR CS CJ PJ	WT WQ F V W CR CS SR PJ	WT WQ F V W CR CS SR PJ
Bronze	WT WQ WC CR CS CJ PJ	WT WQ F V W CR CS SR PJ	WT WQ F V W CR CS SR PJ

PRE - COMPETITIVE CAPITAL CHALLENGE CUP

AGE	0 - 6	7 - 10	11 +
	W Q_____ C J_____ W C_____	W Q_____ C J_____ W C_____	W Q_____ C J_____ W C_____

ENTRY DEADLINE - MAY 9TH 2025

ADMISSION TICKETS ARE NOT INCLUDED IN ENTRY FEES

PLEASE E-MAIL ENTRIES & SUMMARY SHEET TO:

info@capitaldancecup.com

WWW.CAPITALDANCECUP.COM