

TRI0/QUARTET ENTRY FORM

NAME OF DANCE SCHOOL:

(Please just put private entry if not entering under a school)

ADDRESS:

EMAIL CONTACT:

TELEPHONE CONTACT:

Competitors Name

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|  |  | DOB | AGE AT 1/9/18 | GENDER M/F  | CLASS |
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|  |  | DOB | AGE AT 1/9/18 | GENDER M/F  | CLASS |
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**TOTAL AMMOUNT OF TRIO/QUARTET ENTRY FEES £**