

CONCOURS EUROPÉEN

SOLO
DUO
GROUPE



8 | 9 | 10
JUIN 2019

Espace événementiel
de Courbevoie



DANSE

FORM N° : *(reserved to admins)*

REGISTRATION FORM - SOLOIST

① IDENTITY OF THE PERSON RESPONSIBLE FOR THE SOLOIST

The manager will receive by email all the information about the contest (registration confirmation, convocations, information documents, teacher's card)

Last Name : _____

First Name : _____

Address : _____

Post Code : _____ City : _____

Tel : _____ Tel (mobile) : _____

Email : _____

If the SOLOIST come from a school or dance association, specify the name and contact details:

Country and Region represented : _____

② SOLOIST REGISTRATION

Number of SOLOIST REGISTERED : _____

A. DECLARATION OF HONOR - ACCURATE INFORMATION

I, _____, have read the rules of the European Dance Contest 2019 and certify the accuracy of the information provided in this registration form.

Done on

____ / ____ / 201____, In _____

Signature, preceded by the words "read and approved"

B. DECLARATION OF HONOR – APTITUDE TO COMPETE

I, _____ certify that I have the medical certificates of all the candidates I have registered on this form and confirm that all these candidates are eligible to participate in the European Dance Competition 2019.

Date of ____/____/201____, In _____

C. REGISTRATION FEES

Complete the table below to determine the total amount of registrations.
Reminder: The cost of the registration fee is 40 € TTC per dancer.

This fee includes: registration fees and entry fees

Number of SOLOIST	Cost per SOLOIST	Total
	40 €	

The registration fees' payment is online. The website is indicated in the rules of the competition. Once the payment is made, fill the table below:

Order Number**	DATE	Amount (in €)
	EUROPEAN DANCE COMPETITION	

** information sent by email after payment of registration on the dedicated website (see contest rules)

**THANK YOU FOR YOUR PARTICIPATION. WE SUGGEST YOU TO VERIFY THAT YOUR REGISTRATION
FORM IS COMPLETE**

- Provide credentials if the person in charge of the registration is a teacher (CND card or FFD ...) in order to obtain the free entry with the PROFESSOR PASS. If there is no official document, the teacher must obtain an entry on the online ticketing of the contest.
- Provide the authorization form of image rights signed by each participant or the person legally responsible or a discharge of the person responsible for registration.
- Registration fees paid online exclusively.
- The application should be complete and sent.

The soundtrack is not to be sent with your application. You can send it by email in April 2019 once requested by the Administrators.

PLEASE COURRIER YOUR APPLICATION TO THE FOLLOWING ADDRESS :

**LA DANSE CONCEPT – CED 2019
19 CHEMIN AUX MOINES
28210 FAVEROLLES
FRANCE**



IMAGE RIGHTS CONSENT FORM

The persons listed below declare that they authorize the contest organizers to broadcast their image in the newspapers, media and Partner websites.

LAST NAME		FIRST NAME	SIGNATURE

LAST NAME		FIRST NAME	SIGNATURE





IMAGE RIGHTS CONSENT FORM (OFFICIAL)

I here by Miss./Mr. *(last name, first name)* _____,

representing *(status, name of the dance school or association, address)* _____

EUROPEAN DANCE COMPETITION

authorize the contest organizers to broadcast the image of the persons registered by me in the newspapers, media and websites of the association and its partners, as part of the European Dance Contest 2019, which will take place on the 8th, 9th and 10 june 2019 at the Courbevoie Event Center.

I certify to hold all the image rights of the dancers whom I registered in the contest.

Date ____ / ____ / ____ In _____

Signature