**Registration form(fill out by age groups)**

**XI. Majorettes Challange Cup Competition of Siófok**

**The competition is national /international , open and free of any association membership.**

1. Name of school, club or association

…………………………………………………………………………………………...................................................................

2. Address of school, club or association

…………………………………………………………………...……………….................................................................………

2. Name of the art director :…………….…………...............................................…..

tel.: …………….................................................e-mail:………...............................................................……….

3. age group:……….........……………. all participants:………………..........

**Fill out by age groups!!!!**

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Names of Participants | No.people  | time |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Address to make the invoice to :………………………………………………………………………………..

(In case of pre-defined billing address of the account can be taken over after the registration, subsequent invoicing is always a problem !!)

You can pick up the invoice at the registration desk

deadline : 30.03.2016.

date:………………………………………..

.....................…………………………………

**You can copy if you need** Signature

the name of a group, club, or association

…………………………………………..……………...................................................................................................

participants all together :

|  |  |  |
| --- | --- | --- |
| No# | Name | Year of birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**If you need you can copy it.**